

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

# 2023

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**THE HELPING UP MISSION, INC.**

EIN or SSN

**52-0635090**

Name and title of officer or person subject to tax

**K. DANIEL STOLTZFUS  
CHIEF EXECUTIVE OFFICER**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>15,304,637.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

## Part III Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **FITZPATRICK, LEARY & SZARKO, LLC** to enter my PIN

**12061**

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*[Handwritten Signature]*

Date

11/31/25

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**27145914661**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

**MARY-KAY LEARY**

Date

01/31/25

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

09280131 146711 12061

2023.05040 THE HELPING UP MISSION, INC 12061\_\_2

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions. <b>THE HELPING UP MISSION, INC.</b>	Taxpayer identification number (TIN) <b>52-0635090</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1029 E. BALTIMORE STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **MICHAEL T. BURNS**  
**1029 E. BALTIMORE ST - BALTIMORE, MD 21202**  
 Telephone No. **410-675-7500** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

Form header section containing organization name (THE HELPING UP MISSION, INC.), EIN (52-0635090), address (1029 E. BALTIMORE STREET, BALTIMORE, MD 21202), principal officer (K. DANIEL STOLTZFUS), and website (WWW.HELPINGUPMISSION.ORG).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission description, revenue sources (totaling 17,014,266), expenses (totaling 19,478,191), and net assets (49,002,366 at end of year).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing officer signature (K. DANIEL STOLTZFUS), preparer signature (NICOLE R. SZARKO, CPA), and preparer information (FIRM: FITZPATRICK, LEARY & SZARKO, LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

X

1 Briefly describe the organization's mission:
HELPING UP MISSION PROVIDES HOPE TO THE POOR AND HOMELESS THROUGH PROGRAMS DESIGNED TO MEET THEIR INDIVIDUAL PHYSICAL, PSYCHOLOGICAL, SOCIAL AND SPIRITUAL NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No X

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 13,801,345. including grants of \$ ) (Revenue \$ 3,170,900.)

HELPING UP MISSION, INC. (HUM), FOUNDED IN 1885, IS A FAITH-BASED, NON-SECTARIAN CHRISTIAN ORGANIZATION THAT OFFERS HOLISTIC PERMANENT SOLUTIONS TO THOSE EXPERIENCING ADDICTION, HOMELESSNESS AND POVERTY. WE ACCOMPLISH THIS THROUGH TRANSFORMATIVE RESIDENTIAL PROGRAMS DESIGNED TO MEET THEIR INDIVIDUAL PHYSICAL, PSYCHOLOGICAL, SOCIAL AND SPIRITUAL NEEDS. COMPASSIONATE AND COMPREHENSIVE CARE IS GIVEN TO ALL PERSONS IN NEED, WITHOUT CONSIDERATION OF RACE, RELIGION, GENDER OR SOCIO-ECONOMIC STATUS. THE 750-BED URBAN CAMPUS INCLUDES BEAUTIFUL STATE-OF-THE-ART CHAPELS, COMMERCIAL KITCHENS AND DINING ROOMS, CLASSROOMS FOR PROGRAMS, GROUP AND INDIVIDUAL CLINICAL COUNSELING ROOMS, MEDICAL EXAM ROOMS AND LABS FOR ON-SITE PRIMARY HEALTH CARE, INNOVATIVE LEARNING CENTERS THAT

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 13,801,345.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV 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		X
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	X	
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
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		X
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		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	X	
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		X
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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section 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 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
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?		X
16b	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?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed MD
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(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 interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records  
**MICHAEL T. BURNS - 410-675-7500**  
**1029 E. BALTIMORE ST, BALTIMORE, MD 21202**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL T. BURNS CHIEF FINANCIAL OFFICER	40.00 2.00			X			220,710.	0.	25,080.	
(2) K. DANIEL STOLTZPUS CHIEF EXECUTIVE OFFICER	40.00 2.00	X		X			209,292.	0.	33,256.	
(3) ROBERT K. GEHMAN PRESIDENT EMERITUS	40.00 2.00					X	179,767.	0.	11,217.	
(4) SKY WOODWARD CHIEF ADMINISTRATIVE OFFICER	40.00 2.00					X	143,464.	0.	25,038.	
(5) JENNIFER BEDON CHIEF PHILANTHROPY OFFICER	40.00 2.00					X	146,284.	0.	1,121.	
(6) THOMAS STONE DIRECTOR OF FACILITIES	40.00 2.00					X	118,001.	0.	28,872.	
(7) KRISTOPHER SHARRAR DIRECTOR OF PHILANTHROPY	40.00 2.00					X	129,079.	0.	11,501.	
(8) PAMELA WILKERSON DIRECTOR OF CENTER FOR WOMEN AND CHI	40.00 2.00					X	124,301.	0.	11,485.	
(9) CHARLES R. PIEL SECRETARY/DIRECTOR	2.00 2.00	X		X			0.	0.	0.	
(10) MARY A. LASHLEY DIRECTOR	2.00 2.00	X					0.	0.	0.	
(11) ROBERT F. OHLER DIRECTOR	2.00 2.00	X					0.	0.	0.	
(12) MATTHEW BAUER TREASURER/DIRECTOR	2.00 2.00	X		X			0.	0.	0.	
(13) STUART A. ERDMAN DIRECTOR	2.00 2.00	X					0.	0.	0.	
(14) KEITH W. HISS DIRECTOR	2.00 2.00	X					0.	0.	0.	
(15) CHARLES E. KNUDSEN VICE PRESIDENT/DIRECTOR	2.00 2.00	X		X			0.	0.	0.	
(16) DEMETRIE GARNER DIRECTOR	2.00 2.00	X					0.	0.	0.	
(17) BRUCE R. MORTIMER PRESIDENT/DIRECTOR	2.00 2.00	X		X			0.	0.	0.	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	599,945.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,316,582.			
	g	Noncash contributions included in lines 1a-1f	1g \$	2,403,198.			
	h	<b>Total. Add lines 1a-1f</b>		10,916,527.			
<b>Program Service Revenue</b>	2 a	PROGRAM FEES	Business Code	900099	1,724,125.	1,724,125.	
	b	OVERNIGHT, DAY AND SUPPORT SERVIC	Business Code	900099	1,415,049.	1,415,049.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total. Add lines 2a-2f</b>			3,139,174.		
	3	Investment income (including dividends, interest, and other similar amounts)			830,470.		
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
<b>Other Revenue</b>	6 a	Gross rents	(i) Real	6a	165,646.		
	b	Less: rental expenses	(ii) Personal	6b	0.		
	c	Rental income or (loss)		6c	165,646.		
	d	Net rental income or (loss)			165,646.		165,646.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a	14,941,726.		
	b	Less: cost or other basis and sales expenses	(ii) Other	7b	14,924,311.	256.	
	c	Gain or (loss)		7c	17,415.	-256.	
	d	Net gain or (loss)			17,159.		17,159.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a	259,026.		
	b	Less: direct expenses		8b	55,091.		
	c	Net income or (loss) from fundraising events			203,935.		203,935.
	9 a	Gross income from gaming activities. See Part IV, line 19		9a			
	b	Less: direct expenses		9b			
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		10a				
b	Less: cost of goods sold		10b				
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11 a	OTHER INCOME	Business Code	900099	25,812.	25,812.	
	b	VENDING MACHINES	Business Code	900099	5,914.	5,914.	
	c						
	d	All other revenue					
	e	<b>Total. Add lines 11a-11d</b>			31,726.		
12	<b>Total revenue. See instructions</b>			15,304,637.	3,170,900.	0.	1,217,210.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	462,602.	362,403.	46,630.	53,569.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,836,735.	3,766,164.	502,765.	567,806.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,143.	70,058.	13,208.	16,877.
9 Other employee benefits	1,035,616.	839,018.	90,930.	105,668.
10 Payroll taxes	378,079.	299,828.	33,396.	44,855.
11 Fees for services (nonemployees):				
a Management				
b Legal	30,234.	30,234.		
c Accounting	46,800.		46,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	183,954.	165,235.	18,719.	
12 Advertising and promotion	461,035.			461,035.
13 Office expenses	82,327.	74,384.	6,129.	1,814.
14 Information technology	105,009.	98,427.	4,090.	2,492.
15 Royalties				
16 Occupancy	1,038,194.	1,038,194.		
17 Travel	51,358.	19,518.	26,080.	5,760.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	59,709.	32,928.	22,241.	4,540.
20 Interest	161,379.	87,560.	73,819.	
21 Payments to affiliates	1,689,295.	1,689,295.		
22 Depreciation, depletion, and amortization	313,691.	282,321.	15,685.	15,685.
23 Insurance	218,562.	152,993.	65,569.	
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.)				
a <b>CULTIVATION AND ACQUISI</b>	1,850,766.		16,545.	1,834,221.
b <b>DONATED FOOD DISTRIBUTI</b>	1,243,886.	1,243,886.		
c <b>KITCHEN</b>	1,062,750.	1,061,485.	286.	979.
d <b>DONATED MERCHANDISE DIS</b>	1,048,398.	1,048,398.		
e All other expenses	1,710,962.	1,439,016.	125,458.	146,488.
25 Total functional expenses. Add lines 1 through 24e	18,171,484.	13,801,345.	1,108,350.	3,261,789.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	1,061.	1	28,435.
	2	Savings and temporary cash investments	4,579,413.	2	2,594,270.
	3	Pledges and grants receivable, net	1,322,072.	3	850,500.
	4	Accounts receivable, net	338,165.	4	132,180.
	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	
	7	Notes and loans receivable, net	8,972,500.	7	8,972,500.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	39,120.	9	41,373.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,708,262.		
	10b	Less: accumulated depreciation	1,153,995.	10c	1,554,267.
	11	Investments - publicly traded securities	17,737,683.	11	19,239,391.
	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	16,114,721.	15	15,589,450.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	50,776,135.	16	49,002,366.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	606,814.	17	683,170.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties	5,818,090.	23	5,690,967.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,250,783.	25	18,547,455.
	26	<b>Total liabilities.</b> Add lines 17 through 25	24,675,687.	26	24,921,592.
	<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
27		Net assets without donor restrictions	16,204,323.	27	16,781,967.
28		Net assets with donor restrictions	9,896,125.	28	7,298,807.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
29		Capital stock or trust principal, or current funds		29	
30		Paid-in or capital surplus, or land, building, or equipment fund		30	
31		Retained earnings, endowment, accumulated income, or other funds		31	
32		<b>Total net assets or fund balances</b>	26,100,448.	32	24,080,774.
33	<b>Total liabilities and net assets/fund balances</b>	50,776,135.	33	49,002,366.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,304,637.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,171,484.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,866,847.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,100,448.
5	Net unrealized gains (losses) on investments	5	869,946.
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	-22,773.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,080,774.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,548,691.	14,210,630.	20,625,932.	12,347,448.	10,916,527.	69,649,228.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,548,691.	14,210,630.	20,625,932.	12,347,448.	10,916,527.	69,649,228.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,478,590.
6 Public support. Subtract line 5 from line 4.						67,170,638.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	11,548,691.	14,210,630.	20,625,932.	12,347,448.	10,916,527.	69,649,228.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	496,210.	630,618.	905,816.	1,117,990.	996,116.	4,146,750.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	38,621.	8,624.	10,593.	249,479.	31,726.	339,043.
11 Total support. Add lines 7 through 10						74,135,021.
12 Gross receipts from related activities, etc. (see instructions)					12	15,312,743.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	90.61 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	86.45 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	<b>Breakdown of line 7:</b>		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

**Part VI**

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

Lined area for supplemental information.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

THE HELPING UP MISSION, INC.

Employer identification number

52-0635090

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

332051 09-28-23

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered 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 organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		577,271.	317,130.	260,141.
d Equipment				
e Other		2,130,991.	836,865.	1,294,126.
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))</b>				<b>1,554,267.</b>

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	2,800.
(2) RIGHT OF USE ASSET, OPERATING LEASE	15,586,650.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	15,589,450.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	12,086.
(3) REFUNDABLE ADVANCE	161,775.
(4) OPERATING LEASE LIABILITIES	18,373,594.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	18,547,455.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:			
a	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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part 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.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 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.

**PART X, LINE 2:**

THE ORGANIZATION ACCOUNTS FOR INCOME TAX PROVISIONS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CONCEPT TOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS AND DEDUCTIONS WILL BE SUSTAINED UPON EXAMINATION AND, ACCORDINGLY, HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES, AT JUNE 30, 2024 AND 2023 FOR UNCERTAIN INCOME TAX POSITIONS. THE ORGANIZATION CONTINUALLY EVALUATES EXPIRING STATUTES OF

Part XIII Supplemental Information (continued)

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW, AND NEW  
 AUTHORITATIVE RULINGS. THE ORGANIZATION HAS ADOPTED A POLICY UNDER WHICH,  
 IF REQUIRED TO BE RECOGNIZED IN THE FUTURE, WILL CLASSIFY INTEREST RELATED  
 TO THE UNDERPAYMENT OF INCOME TAXES AS A COMPONENT OF INTEREST EXPENSE,  
 AND WILL CLASSIFY ANY RELATED PENALTIES IN ADMINISTRATIVE AND GENERAL  
 EXPENSES IN THE CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES AND  
 CONSOLIDATED STATEMENTS OF ACTIVITIES. THE ORGANIZATION BELIEVES THAY ARE  
 SUBJECT TO INCOME TAX ELIMINATIONS BY TAX AUTHORITIES FOR THE CURRENT YEAR  
 AND THE LAST THREE YEARS.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**THE HELPING UP MISSION, INC.**

Employer identification number

**52-0635090**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BREWER DIRECT - 800 ROYAL OAKS DR, MONROVIA, CA 91016	DIRECT MAIL		X	3,275,309.	1,911,773.	1,363,536.
UPTOWN PRESS - 501 W. 23RD ST, BALTIMORE, MD 21211	MAIL PROGRAM		X	628,125.	209,127.	418,998.
GATEWAY COMMUNICATIONS - 16805 NE MASON COURT, MFM RESOURCES, INC - 3901 EAST PARIS AVE., GRAND	PHONE CAMPAIGN		X	77,717.	38,187.	39,530.
NIMBLE CONNECT - 3550 LENOX ROAD NE 21ST FL, ATLANTA, GA	PLANNED GIVING		X	3,097.	49,245.	-46,148.
CLAUDE GRIZZARD - 338 HARBOR VILLAGE POINT, PALM COAST, FL	DONOR CULTIVATION		X	0.	10,496.	0.
ALEXANDER N STAVARZ III - 3867 WEST MARKET ST, AKRON,	DONOR CULTIVATION		X	0.	30,000.	0.
<b>Total</b>				<b>3,984,248.</b>	<b>2,321,597.</b>	<b>1,775,916.</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MD

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

**SEE PART IV FOR CONTINUATIONS**

LHA 332081 09-13-23

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BENEFIT DINNER (event type)	GOLF OUTING (event type)	NONE (total number)	
Revenue	1	177,426.	81,600.		259,026.
	2				
	3	177,426.	81,600.		259,026.
Direct Expenses	4				
	5				
	6				
	7	32,419.	1,843.		34,262.
	8				
	9	6,122.	14,707.		20,829.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				203,935.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

<b>13a</b>		%
<b>13b</b>		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: BREWER DIRECT

(I) ADDRESS OF FUNDRAISER: 800 ROYAL OAKS DR, MONROVIA, CA 91016

(I) NAME OF FUNDRAISER: UPTOWN PRESS

(I) ADDRESS OF FUNDRAISER: 501 W. 23RD ST, BALTIMORE, MD 21211

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON COURT, PORTLAND, OR 97230

(I) NAME OF FUNDRAISER: MFM RESOURCES, INC

(I) ADDRESS OF FUNDRAISER: 3901 EAST PARIS AVE., GRAND RAPIDS, MI 49512

(I) NAME OF FUNDRAISER: NIMBLE CONNECT

(I) ADDRESS OF FUNDRAISER: 3550 LENOX ROAD NE 21ST FL, ATLANTA, GA 30326

(I) NAME OF FUNDRAISER: CLAUDE GRIZZARD

(I) ADDRESS OF FUNDRAISER: 338 HARBOR VILLAGE POINT, PALM COAST, FL 32137

(I) NAME OF FUNDRAISER: ALEXANDER N STAVARZ III

(I) ADDRESS OF FUNDRAISER: 3867 WEST MARKET ST, AKRON, OH 44333

## PART I, LINE 2B, COLUMN (V):

THE TOTAL AMOUNT PAID TO UPTOWN PRESS FOR THE YEAR WAS \$209,127 WHICH WAS ALL FOR PRINTING, SUPPLIES AND POSTAGE COSTS RELATED TO DIRECT MAIL FUNDRAISING. THERE WERE NO FEES PAID FOR FUNDRAISING CONSULTATION.

THE TOTAL AMOUNT PAID TO GATEWAY COMMUNICATIONS FOR THE YEAR WAS \$38,187 WHICH WAS ALL FOR PHONE CAMPAIGN COSTS. THERE WERE NO FEES PAID FOR FUNDRAISING CONSULTATION.

THE TOTAL AMOUNT PAID TO NIMBLE CONNECT WAS \$10,496 FOR A DONOR CULTIVATION PROGRAM.

THE TOTAL AMOUNT PAID TO CLAUDE GRIZZARD FOR THE YEAR WAS \$30,000 WHICH WAS ALL PAID FOR DONOR CULTIVATION CONSULTING.

Part IV Supplemental Information (continued)

THE TOTAL PAID TO BREWER DIRECT FOR THE YEAR WAS \$1,911,773, WHICH INCLUDED \$1,702,377 FOR PRINTING, SIGNAGE, DIGITAL MEDIA, AND POSTAGE COSTS RELATED TO DIRECT MAIL FUNDRAISING, AS WELL AS WEBSITE REBUILD AND MAINTENANCE COSTS OF \$108,470. FEES PAID DIRECTLY FOR FUNDRAISING CONSULTATION AMOUNTED TO \$100,926.

THE TOTAL AMOUNT PAID TO MFM RESOURCES FOR THE YEAR WAS \$49,245 WHICH INCLUDED \$10,471 FOR POSTAGE AND \$38,774 FOR CULTIVATION CONSULTING IN PLANNED GIVING.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**THE HELPING UP MISSION, INC.**

Employer identification number

**52-0635090**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1 a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL T. BURNS CHIEF FINANCIAL OFFICER	220,710.	0.	0.	0.	25,080.	245,790.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) K. DANIEL STOLTZFUS CHIEF EXECUTIVE OFFICER	209,292.	0.	0.	0.	33,256.	242,548.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT K. GEHMAN PRESIDENT EMERITUS	174,967.	0.	4,800.	0.	11,217.	190,984.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SKY WOODWARD CHIEF ADMINISTRATIVE OFFICER	143,464.	0.	0.	0.	25,038.	168,502.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 3:**

**CHIEF EXECUTIVE OFFICER POSITION IS REVIEWED BY EXECUTIVE COMMITTEE**

**ANNUALLY AND COMPENSATION CHANGES ARE APPROVED.**

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**THE HELPING UP MISSION, INC.**

Employer identification number

**52-0635090**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,048,398	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X		110,914	FMV AT DATE OF GIFT
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	X		1,243,886	INDUSTRY GUIDELINES
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE HELPING UP MISSION, INC.

Employer identification number  
52-0635090

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

INCLUDE CLASSROOMS AND COMPUTER LABS, WORKFORCE DEVELOPMENT AND JOB  
TRAINING AREAS, LIBRARIES WITH COMPUTER CARRELS, RECREATIONAL AREAS  
WHICH INCLUDES GYMS, THEATER ROOMS, A BARBER SHOP, A HAIR/NAIL SALON,  
GAME AREAS, ARTS AND MUSIC CENTERS, PERSONAL AND COMMERCIAL LAUNDRY  
FACILITIES, ROOFTOP OBSERVATION DECKS, MULTI-PURPOSE ROOMS, OFFICES AND  
CONFERENCE ROOMS.

HELPING UP MISSION, INC. (HUM) IS A TAX-EXEMPT PUBLIC CHARITY AND IS  
PREDOMINANTLY SUPPORTED BY DONATIONS FROM THOUSANDS OF INDIVIDUALS,  
CHURCHES, COMMUNITY ORGANIZATIONS, CORPORATIONS, AND FOUNDATIONS. AS A  
NON-PROFIT PROGRAM, HUM IS NOT PRIMARILY FUNDED BY THE STATE OR FEDERAL  
GOVERNMENT OR INSURANCE, BUT RATHER, DEPENDS ENTIRELY ON THE GENEROSITY  
OF PEOPLE WILLING TO GIVE ADDICTED AND HOMELESS PEOPLE A CHANCE AT  
RECOVERY AND RESTORED LIVES.

EMERGENCY OVERNIGHT GUEST SERVICES (OGS) IS THE HISTORICAL BEDROCK  
PROGRAM OF HUM AND HAS BEEN IN EXISTENCE SINCE 1885. HOMELESS MEN  
CHECK IN EACH AFTERNOON AND ARE PROVIDED WITH ACCESS TO PRIVATE  
SHOWERS, NEW CLOTHING AND TOILETRIES, HOT MEALS FOR DINNER AND  
BREAKFAST, AND A MESSAGE OF HOPE THAT "REAL AND PERMANENT" CHANGE IS  
POSSIBLE IF THEY DESIRE TO MAKE A CHANGE IN THEIR LIVES. THE OVERNIGHT  
GUESTS ARE SERVED BY AND INTERACT WITH THE CLIENTS IN OUR 12-MONTH  
SPIRITUAL RECOVERY PROGRAM, ALLOWING THE OVERNIGHT GUESTS TO SEE  
POSITIVE CHANGES IN THE LIVES OF MEN FORMERLY SHARING SIMILAR  
CIRCUMSTANCES. OVERNIGHT GUESTS OFTEN CHOOSE TO JOIN THE YEAR-LONG

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization <b>THE HELPING UP MISSION, INC.</b>	Employer identification number <b>52-0635090</b>
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**SPIRITUAL RECOVERY PROGRAM.**

IN 1994, HUM STARTED A FREE RESIDENTIAL 12-MONTH SPIRITUAL RECOVERY PROGRAM (SRP) PROVIDING TRANSFORMATIVE HELP, HOPE, ANSWERS, AND EMPOWERMENT TO MEN SUFFERING FROM ADDICTION, HOMELESSNESS AND POVERTY. THIS HAS BECOME THE CORNERSTONE PROGRAM OF HUM AND SERVES ABOUT 300 RESIDENTIAL CLIENTS DAILY. THE SRP IS A MULTIFACETED, HOLISTIC, INTEGRATED, 12-MONTH, RESIDENTIAL PROGRAM DESIGNED TO PROMOTE LONG-TERM RECOVERY FOR HOMELESS PEOPLE WITH SEVERE DRUG AND/OR ALCOHOL RELATED SUBSTANCE ABUSE ISSUES. HUM COMBINES THE VERY BEST CLINICAL PROFESSIONAL MENTAL HEALTH CARE (EMBEDDED COUNSELORS FROM JOHNS HOPKINS HOSPITAL) AND THE VERY BEST PROFESSIONAL PASTORAL CARE AND SETS THESE SERVICES IN A 12-STEP ORIENTED PEER RECOVERY COMMUNITY, FOSTERING A RESTORATIVE CULTURE OF WELLNESS AND HEALING. THE SRP FOCUSES ON FOUR KEY AREAS TO SUPPORT A MATURE, PRODUCTIVE LIFE: PHYSICAL, PSYCHOLOGICAL, SPIRITUAL AND SOCIAL. THE SRP PROVIDES PARTICIPANTS WITH THE TOOLS NECESSARY TO OVERCOME ADDICTION AND REESTABLISH HEALTHY RELATIONSHIPS, WORK ETHIC AND TO ONCE AGAIN BECOME CONTRIBUTING MEMBERS OF THE COMMUNITY.

IN 2016, HUM BEGAN PROVIDING RECOVERY PROGRAMS AND SERVICES TO WOMEN IN NEED AND IN 2022 COMPLETED CONSTRUCTION OF A STATE-OF-ART 250-BED CENTER FOR WOMEN AND CHILDREN. HUM EXPANDED ITS SERVICES AT THAT TIME BY 50% TO HELP WOMEN AND CHILDREN EXPERIENCING ADDICTION, HOMELESSNESS AND POVERTY.

FOLLOWING GRADUATION FROM THE SRP, HUM'S GRADUATE TRANSITIONAL HOUSING PROGRAM (GTHP) IS AN IMPORTANT NEXT STEP IN THE TRANSFORMATIVE PROCESS.

Name of the organization THE HELPING UP MISSION, INC.	Employer identification number 52-0635090
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IN THIS PROGRAM, FORMERLY HOMELESS PEOPLE LIVE IN LONG-TERM (UP TO 24 MONTHS) HOUSING THAT PREPARES THEM TO RE-ENTER THE COMMUNITY AS PRODUCTIVE MEMBERS. THE "HEART" OF THIS PROGRAM IS TO PROVIDE GRADUATES WITH A SAFE, ENCOURAGING, MUTUALLY ACCOUNTABLE, SOBER, SUPPORTIVE AND SPIRITUALLY NURTURING ENVIRONMENT WHILE THEY WORK OR ATTEND SCHOOL. BY LIVING WITHIN A THERAPEUTIC COMMUNITY, AND GRADUALLY GROWING IN RESPONSIBILITY AND LIFE-SKILLS, CLIENTS ARE BETTER EQUIPPED TO REGAIN THEIR INDEPENDENCE - AND KEEP IT. HERE, EACH PERSON IS KNOWN BY HIS "NEIGHBORS", ENCOURAGED AND HELD ACCOUNTABLE TO THE STANDARD OF LIVING ESTABLISHED IN THE SRP.

IN ADDITION, THERE ARE SEVERAL OTHER PROGRAMS AT HUM THAT FILL OUT THE REST OF THE AVAILABLE BEDS. PROGRAMS WITH OTHER PARTNER ORGANIZATIONS SUCH AS JOHNS HOPKINS HOSPITAL, THE VETERANS ADMINISTRATION AND LOCAL HOSPITALS PROVIDE OUTPATIENT RECOVERY HOUSING AND EMERGENCY ROOM DIVERSION PROGRAMS TO PEOPLE IN NEED.

HUM'S WORK IS EVIDENCE-BASED, OUTCOMES-DRIVEN AND ROOTED IN RESEARCH. WE MEASURE GROWTH IN CLIENTS USING THE "LIFE TRANSFORMATION MATRIX" WHICH IS MODELED AFTER THE NATIONALLY UTILIZED AND RESEARCH VALIDATED TOOL FOR CASE MANAGEMENT KNOWN AS THE SELF-SUFFICIENCY MATRIX. OUTCOMES ARE ACCOMPLISHED BY PROVIDING A COMPREHENSIVE ARRAY OF RESIDENTIAL PROGRAMS AND ON-SITE WRAP-AROUND SUPPORTIVE SERVICES THROUGH AN EXTENSIVE INTEGRATED NETWORK OF STRATEGIC COMMUNITY PARTNERSHIPS. THE 300,000+ SQUARE FOOT CAMPUS ENCOMPASSES 750 BEDS (DEPENDING ON CENSUS) IN SEVERAL DISTINCTIVE PROGRAMS AT HUM, WHICH INCLUDE:

Name of the organization <b>THE HELPING UP MISSION, INC.</b>	Employer identification number <b>52-0635090</b>
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- YEAR-LONG SPIRITUAL RECOVERY PROGRAM FOR MEN & WOMEN (400 BEDS)
- GRADUATE TRANSITIONAL HOUSING PROGRAM (140 BEDS)
- JOHNS HOPKINS INTENSIVE OUTPATIENT RECOVERY PROGRAM FOR MEN & WOMEN (52 BEDS)
- EMERGENCY OVERNIGHT GUEST SERVICES PROGRAM (60 BEDS)
- JOHNS HOPKINS BAYVIEW CENTER FOR ADDICTION & PREGNANCY (30 BEDS)
- VETERANS ADMINISTRATION OUTPATIENT RECOVERY PROGRAM FOR MEN & WOMEN (23 BEDS)
- SEMI-PERMANENT SUPPORTIVE HOUSING PROGRAM (25 BEDS)
- JOHNS HOPKINS BAYVIEW "NEXT STEP" EMERGENCY ROOM DIVERSION PROGRAM FOR MEN & WOMEN (20 BEDS)

**HUM SERVES A DIVERSE GROUP OF CLIENTELE WHOSE AVERAGE DEMOGRAPHICS ARE:**

- 43 YEARS OF AGE
- 23 YEARS OF ACTIVE ADDICTION
- 65% HAVE EXPERIENCED INCARCERATION, AVERAGING 30 MONTHS OF JAIL TIME SERVED

- 34% DO NOT HAVE A HIGH SCHOOL DIPLOMA
- DIVERSE RACIAL AND SOCIO-ECONOMIC BACKGROUNDS-HERE IS THE RACIAL

**BREAKDOWN:**

- BLACK, AFRICAN-AMERICAN OR AFRICA-BORN (43%)
- CAUCASIAN (34%)
- HISPANIC/LATINO (18%)
- OTHER RACE, ETHNICITY OR ORIGIN (1%)
- NATIVE AMERICAN, AMERICAN INDIAN OR ALASKA NATIVE (1%)
- ASIAN OR ASIAN AMERICAN (1%)
- MIXED/MULTI-RACIAL (2%)

Name of the organization <b>THE HELPING UP MISSION, INC.</b>	Employer identification number <b>52-0635090</b>
---	---

- 42% COME FROM BALTIMORE CITY, 30% FROM BALTIMORE COUNTY, 28%

**ELSEWHERE**

- MOST HAVE EXPERIENCED DOMESTIC VIOLENCE OR TRAUMA GROWING UP

APPROXIMATELY 65% OF THE HUM STAFF IS COMPRISED OF PROGRAM GRADUATES.

TWENTY BEDS ARE ALLOCATED TO SELECT MEMBERS OF THAT STAFF, WHO LIVE ON

SITE. THIS HELPS TO MAINTAIN THE RECOVERY CULTURE AND STRENGTHEN THE

SAFE, ENCOURAGING, AND THERAPEUTIC ENVIRONMENT FOR THE RESIDENTIAL

CLIENTS.

HELPING UP MISSION PARTNERS WITH A LARGE NETWORK OF COMMUNITY

ORGANIZATIONS TO DELIVER A COMPREHENSIVE, WRAP-AROUND AND HOLISTIC

RANGE OF SERVICES WHICH INCLUDE:

- SPIRITUAL DEVELOPMENT & PASTORAL COUNSELING
- TRAUMA-INFORMED RECOVERY COUNSELING
- CLINICAL MENTAL HEALTH COUNSELING
- CLINICAL SUBSTANCE ABUSE COUNSELING
- 12-STEP SUBSTANCE ABUSE RECOVERY PROGRAMS & MEETINGS
- ON-SITE PRIMARY HEALTHCARE
- DENTAL CARE
- EDUCATIONAL ADVANCEMENT (GED/EDP) AND TUTORING
- VOCATIONAL PROGRAMS AND CERTIFICATIONS
- VITAL DOCUMENTS PROCUREMENT
- LEGAL EXPUNGEMENT CLINICS
- FINANCIAL LITERACY
- COMPUTER LITERACY
- MENTORING

Name of the organization <b>THE HELPING UP MISSION, INC.</b>	Employer identification number <b>52-0635090</b>
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- WORK THERAPY
- ART & MUSIC THERAPY
- EQUINE THERAPY
- EXERCISE AND RECREATIONAL ACTIVITIES
- OVERNIGHT RETREATS, CAMPING TRIPS, ETC.

**HELPING UP MISSION, INC. PARTNERS INCLUDE (BUT ARE NOT LIMITED TO):**

- JOHNS HOPKINS HOSPITAL AND HEALTH SYSTEMS
- JOHNS HOPKINS BAYVIEW MEDICAL CENTER
- JOHNS HOPKINS CENTER FOR ADDICTION AND PREGNANCY
- JOHNS HOPKINS UNIVERSITY
- JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH
- JOHNS HOPKINS CAREY SCHOOL OF BUSINESS
- GREATER BALTIMORE MEDICAL CENTER
- GREATER BALTIMORE MEDICAL CENTER DEPARTMENT OF OPHTHALMOLOGY
- GREATER BALTIMORE MEDICAL CENTER DEPARTMENT OF AUDIOLOGY
- UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY
- U.S. DEPARTMENT OF VETERAN AFFAIRS
- BALTIMORE CITY MAYOR'S OFFICE OF HOMELESS SERVICES
- BALTIMORE CITY DEPARTMENT OF SOCIAL SERVICES
- BALTIMORE CITY/COUNTY OFFICE OF CHILD SUPPORT ENFORCEMENT
- TOWSON UNIVERSITY DEPARTMENT OF NURSING
- SCHOOL OF PHARMACY AT NOTRE DAME AT MARYLAND UNIVERSITY
- MARYLAND HEALTH CONNECTION
- HEALTHCARE FOR THE HOMELESS
- HEALTH ALLIANCE ASSOCIATES
- HEALTHCARE ACCESS MARYLAND

Name of the organization <b>THE HELPING UP MISSION, INC.</b>	Employer identification number <b>52-0635090</b>
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- BEHAVIORAL HEALTH SYSTEMS - BALTIMORE
- BRADENBURG EYE ASSOCIATES
- DISABILITY SUPPORT SERVICES
- BALTIMORE CITY HEALTH DEPARTMENT
- NORTHERN PHARMACY & MEDICAL EQUIPMENT

## FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

(CONTINUED FROM ABOVE)

- MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
- BALTIMORE CITY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
- THE FRANCISCAN CENTER
- THE SKIP VIRAGH FOUNDATION
- T. ROWE PRICE FOUNDATION
- THE ABELL FOUNDATION
- THE HARRY AND JEANETTE WEINBERG FOUNDATION, INC.
- THE FRANCE-MERRICK FOUNDATION
- BACK ON MY FEET
- ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
- BRADLEY, ARANT, BOULT, CUMMINGS, LLC
- ROSENBERG MARTIN GREENBERG
- TRUIST BANK
- M&T BANK
- JPMORGAN CHASE BANK
- HARBOR BANK
- BANK OF AMERICA
- DIAKON KATHRYN'S KLOSET
- FEDERAL HOME LOAN BANK OF ATLANTA
- FEDERAL HOME LOAN BANK OF NEW YORK

Name of the organization

THE HELPING UP MISSION, INC.

Employer identification number

52-0635090

OVER THE COURSE OF THE PAST FISCAL YEAR, 2023, HELPING UP MISSION  
 PROVIDED THE FOLLOWING TO OUR CLIENTS:

- 2,845 MEN AND WOMEN & CHILDREN SERVED (UNDUPLICATED)
- 18,239 MEN, WOMEN, AND CHILDREN SERVED FOR ALL PROGRAMS (DUPLICATED)
- 150 GRADUATES OF OUR SPIRITUAL RECOVERY PROGRAMS
- 106 MEN'S ONE-YEAR SPIRITUAL RECOVERY PROGRAM GRADUATES
- 24 MEN'S 6-MONTH GRADUATE SPIRITUAL RECOVERY PROGRAM GRADUATES
- 20 WOMEN'S ONE-YEAR SPIRITUAL RECOVERY PROGRAM GRADUATES
- 187 WOMEN SERVED IN THE WOMEN'S SPIRITUAL RECOVERY PROGRAM
- 8,884 (MOBILE OUTREACH UNIT) MEN AND WOMEN SERVED WITH FOOD, HYGIENE  
 KITS AND CASE MANAGEMENT THROUGHOUT BALTIMORE CITY, BALTIMORE COUNTY &  
 ANNE ARUNDEL COUNTY
- 475 (MOBILE OUTREACH UNIT) MEN AND WOMEN (UNDUPLICATED) PROVIDED  
 CASE MANAGEMENT THROUGHOUT BALTIMORE CITY, BALTIMORE COUNTY & ANNE  
 ARUNDEL COUNTY
- 61 (MOBILE OUTREACH UNIT) MEN AND WOMEN WHO ENTERED THE SPIRITUAL  
 RECOVERY PROGRAMS REFERRED BY THE MOBILE OUTREACH UNIT
- 631,087 FULL MEALS SERVED EACH YEAR
- 194,715 BED NIGHTS OF SHELTER PROVIDED
- 350,000+ ITEMS OF CLOTHING AND PERSONAL CARE PRODUCTS DISTRIBUTED
- 22,265 MENTAL HEALTH, SUBSTANCE ABUSE, POST-TRAUMA AND PSYCHIATRIC  
 COUNSELING SESSIONS (INDIVIDUAL AND GROUP)
- 9,359 APPOINTMENTS WITH CERTIFIED PEER RECOVERY SPECIALISTS
- 631 APPOINTMENTS WITH CERTIFIED PEER RECOVERY SPECIALISTS PROVIDED  
 FOR OUR HISPANIC OUTREACH PROGRAM
- 18,054 HISPANIC SPIRITUAL RECOVERY PROGRAM CLASS APPOINTMENTS

Name of the organization <b>THE HELPING UP MISSION, INC.</b>	Employer identification number <b>52-0635090</b>
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**PROVIDED**

- 4,821 JOHNS HOPKINS CORNERSTONE CLINIC SUBSTANCE ABUSE & MENTAL HEALTH INDIVIDUAL COUNSELING SESSIONS
- 15,276 JOHNS HOPKINS CORNERSTONE CLINIC SUBSTANCE ABUSE & MENTAL HEALTH GROUP SESSION APPOINTMENTS
- 818 POST-TRAUMA HEALING GROUP APPOINTMENTS
- 65,425 ESTIMATED EVENING RECOVERY MEETINGS ATTENDED BY SRP CLIENTS
- 2,168 PRIMARY & URGENT CARE MEDICAL APPOINTMENTS (ON-SITE AT GBMC CLINIC)
- 13 HEARING TESTS PROVIDED
- 11 EYEGLASSES PROVIDED
- 3,779 OUTSIDE MEDICAL APPOINTMENTS PROVIDED (TRANSPORTATION COORDINATED ON-SITE)
- 62 MEDICAL SEMINAR APPOINTMENTS (ON-SITE)
- 265 RECOVERY-ORIENTED ACUPUNCTURE APPOINTMENTS PROVIDED (ON-SITE)
- 1,900+ CHAPEL SERVICES AND EDUCATIONAL CLASSES CONDUCTED EACH YEAR\*
- 520 DENTAL APPOINTMENTS PROVIDED (PREVENTATIVE, RESTORATIVE AND URGENT CARE)
- 57 NUTRITION TRAINING CERTIFICATES PROVIDED (ON-SITE)
- 6 CLIENTS EARNED THEIR HIGH SCHOOL DIPLOMA
- 375 LEGAL AID APPOINTMENTS AND EXPUNGEMENT SESSIONS (ON-SITE)
- 94 CLIENTS BEGAN STUDYING FOR THEIR MARYLAND HIGH SCHOOL DIPLOMA
- 98 CLIENTS ASSESSED FOR LITERACY AND NUMERACY WITH CASAS 900
- 75 CLIENTS PARTICIPATED IN ADULT BASIC EDUCATION (AKA LITERACY ACTIVITIES)
- 31 CLIENTS PASSED THE BASIC COMPUTER LITERACY CLASS
- 164 CLIENTS ATTENDED RESUME CLASSES AND COMPLETED A RESUME
- 63 CLIENTS RECEIVED 1-ON-1 FINANCIAL LITERACY COUNSELING SESSIONS

Name of the organization THE HELPING UP MISSION, INC.	Employer identification number 52-0635090
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- 83 CLIENTS COMPLETED 5-WEEK FINANCIAL LITERACY CLASSES
- 123 CLIENTS GAINED EMPLOYMENT AT AN AVERAGE RATE OF \$17.7 PER HOUR, 56% OF WHICH CAME WITH BENEFITS FOR ALL CLIENTS. JOBS REFERRED BY HUM'S EDUCATION & WORKFORCE DEVELOPMENT SERVICES HAD AN AVERAGE WAGE \$16.60, 75% OF WHICH CAME WITH BENEFITS.
- 186 "BARRIER TO EMPLOYMENT" SERVICE APPOINTMENTS (E.G. BACKGROUND CHECK, CHILD SUPPORT, CRIMINAL EXPUNGEMENTS, MVA RECORD EXPUNGEMENTS, TAXES, AND MOCK JOB INTERVIEWS)
- 77 CLIENTS ENROLLED IN COLLEGE AND/OR TECHNICAL SKILLS TRAINING
- 52 CHILDREN SPONSORED FOR ONE-WEEK RESIDENTIAL SUMMER CAMP

\* INCLUDES MORNING DEVOTIONS, 8AM, 9AM, 10AM, 11AM, 1PM, 2PM CLASSES, AND FRIDAY CHAPEL SERVICES

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT FORM 990 IS GIVEN TO THE FINANCE COMMITTEE (WHICH HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS) FOR DETAILED REVIEW AND APPROVAL. ONCE APPROVED, THE CHIEF EXECUTIVE OFFICER SIGNS, RETURNS ARE FILED AND ALL BOARD MEMBERS ARE GIVEN A FINAL COPY OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE HELPING UP MISSION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY FOR OFFICERS, DIRECTORS AND MANAGEMENT-LEVEL EMPLOYEES WHICH IT ANNUALLY MONITORS AND ENFORCES. ALL BOARD MEMBERS AND STAFF ARE GIVEN AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE TO COMPLETE. ANY ISSUES ARE INVESTIGATED, DISCLOSED OR RESOLVED.

Name of the organization <b>THE HELPING UP MISSION, INC.</b>	Employer identification number <b>52-0635090</b>
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FORM 990, PART VI, SECTION B, LINE 15A:

THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY AND ANY CHANGES ARE APPROVED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY APPOINTMENT, AND THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON THE WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSSES ON UNCOLLECTIBLE PLEDGES	-22,773.
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FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

OMB No. 1545-0047  
**2023**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization: **THE HELPING UP MISSION, INC.**  
Employer identification number: **52-0635090**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HOUSE OF FREEDOM - 03-0499181 1029 E. BALTIMORE STREET BALTIMORE, MD 21202	ASSISTANCE TO THE HOMELESS CONSTRUCT A PROPERTY IN THE CITY OF BALTIMORE AS A COMMUNITY FACILITY SERVIN	MARYLAND	501(C)(3)	170(B)(1)(A)	HELPING UP MISSION, INC.		<b>X</b>
HOUSE OF FREEDOM SUPPORT CORPORATION - 84-3536098, 1029 E. BALTIMORE STREET, BALTIMORE, MD 21202		MARYLAND	501(C)(3)	170(B)(1)(A)	HELPING UP MISSION, INC.		<b>X</b>

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)	X	
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o	Sharing of paid employees with related organization(s)	X	
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses	X	
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOUSE OF FREEDOM	Q	662,332.	FAIR MARKET VALUE OF TRANSACTION
(2) HOUSE OF FREEDOM SUPPORT CORPORATION	K	827,387.	FAIR MARKET VALUE
(3) HOUSE OF FREEDOM	B	1,689,295.	FAIR MARKET VALUE OF CONTRIBUTION
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.