

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

# 2024

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

**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	<b>19,680,673.</b>
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 II 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 2024 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**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 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 2024 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 *K. Daniel Stoltzfus* Date 1/30/26

### 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 2024 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 **01/03/26**

**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 (2024)

LHA 402521 12-26-24

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: HELPING UP MISSION, INC. D Employer identification number: 52-0635090
E Telephone number: (410) 675-7500
G Gross receipts \$: 27,752,422.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.HELPINGUPMISSION.ORG
K Form of organization:
L Year of formation: 1885
M State of legal domicile: MD

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... WE PROVIDE A VARIETY OF SERVICES TO PEOPLE EXPERIENCING ADDICTION, POVERTY AND HOMELESSNESS. 2-7a Activities & Governance. 8-12 Revenue. 13-19 Expenses. 20-22 Net Assets or Fund Balances.

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer K. DANIEL STOLTZFUS, CHIEF EXECUTIVE OFFICER. Date. Preparer: NICOLE R. SZARKO, CPA. Preparer's signature: NICOLE R. SZARKO, CP. Date. Check if self-employed. PTIN: P00646988. Firm's name: FITZPATRICK, LEARY & SZARKO, LLC. Firm's EIN: 46-2982708. Firm's address: 1447 YORK ROAD, STE 703, LUTHERVILLE, MD 21093. Phone no. 410-307-1400.

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: THE MISSION OF HELPING UP MISSION IS TO TRANSFORM THE LIVES OF AND RESTORE HOPE TO THOSE SUFFERING FROM ADDICTION AND POVERTY BY HARNESSING THE POWER OF FAITH, SCIENCE, AND COMMUNITY.

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 [X] No

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

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 \$ 16,390,662. including grants of \$ ) (Revenue \$ 3,699,542. ) HELPING UP MISSION, INC. (HUM), FOUNDED IN 1885, IS A FAITH-BASED, NON-SECTARIAN CHRISTIAN ORGANIZATION THAT OFFERS HOLISTIC SOLUTIONS TO MEN AND WOMEN FACING ADDICTION, HOMELESSNESS AND POVERTY. OUR MISSION IS TO TRANSFORM THE LIVES AND RESTORE HOPE TO THOSE SUFFERING FROM ADDICTION AND POVERTY BY HARNESSING THE POWER OF FAITH, SCIENCE AND COMMUNITY. EVERY PERSON WHO COMES THROUGH OUR DOORS IS TREATED WITH DIGNITY AND RESPECT, REGARDLESS OF RACE, RELIGION, GENDER, OR BACKGROUND. WE CARRY OUT OUR MISSION THROUGH TRANSFORMATIVE RESIDENTIAL PROGRAMS DESIGNED TO MEET THEIR INDIVIDUAL PHYSICAL, PSYCHOLOGICAL, SOCIAL AND SPIRITUAL NEEDS. HUM'S 735-BED URBAN CAMPUS PROVIDES A WELCOMING ENVIRONMENT THAT INCLUDES CHAPELS, MENTAL HEALTH COUNSELING ROOMS, MEDICAL CLINICS, CLASSROOMS, COMPUTER LABS,

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 16,390,662.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 [ ]

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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 returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included on line 1a, above, who are independent (12); 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: a The governing body? (X); b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (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? (X).

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. [X] Own website [ ] Another's website [X] 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				221,099.	0.	26,904.
(2) K. DANIEL STOLTZFUS CHIEF EXECUTIVE OFFICER	40.00 2.00	X		X				204,726.	0.	35,663.
(3) ROBERT K. GEHMAN PRESIDENT EMERITUS	40.00 2.00						X	179,520.	0.	11,945.
(4) SKY WOODWARD CHIEF ADMINISTRATIVE OFFICER	40.00 2.00					X		140,993.	0.	26,883.
(5) JENNIFER BEDON CHIEF PHILANTHROPY OFFICER	40.00 2.00					X		152,677.	0.	1,134.
(6) MICHAEL RALLO DIRECTOR OF SPIRITUAL LIFE	40.00 2.00					X		117,778.	0.	35,439.
(7) BRENT JONES SENIOR DIRECTOR OF MENS PROGRAMS	40.00 2.00					X		134,083.	0.	16,678.
(8) PAMELA WILKERSON DIRECTOR OF CENTER FOR WOM	40.00 2.00					X		136,617.	0.	12,319.
(9) CHARLES R. PIEL SECRETARY/DIRECTOR	2.00 2.00	X		X				0.	0.	0.
(10) MARY A. LASHLEY, PH.D., APRN, R 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 PRESIDENT/DIRECTOR	2.00 2.00	X		X				0.	0.	0.
(16) DEMETRIE GARNER DIRECTOR	2.00 2.00	X						0.	0.	0.
(17) MICHAEL STITCHER DIRECTOR	2.00 2.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(18) JUSTIN WENGER DIRECTOR	2.00 2.00	X						0.	0.	0.
(19) GAYLE KELLY VICE PRESIDENT	2.00 2.00	X		X				0.	0.	0.
(20) JENNIFER NICKOLES DIRECTOR	2.00 2.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,287,493.	0.	166,965.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,287,493.	0.	166,965.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 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>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,030,092.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,148,590.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,894,849.				
	<b>h Total.</b> Add lines 1a-1f		14,178,682.				
<b>Program Service Revenue</b>	<b>2 a</b> OVERNIGHT, DAY AND SUPPORT SERVICE	<b>Business Code</b>	900099	1,884,561.	1,884,561.		
	<b>b</b> PROGRAM FEES		900099	1,789,993.	1,789,993.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			3,674,554.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,308,585.		1,308,585.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	179,490.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		179,490.			
	<b>d</b> Net rental income or (loss)			179,490.		179,490.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	8,282,556.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		8,051,857.			
	<b>c</b> Gain or (loss)	<b>7c</b>		230,699.			
<b>d</b> Net gain or (loss)			230,699.		230,699.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		103,567.				
<b>b</b> Less: direct expenses	<b>8b</b>		19,892.				
<b>c</b> Net income or (loss) from fundraising events			83,675.		83,675.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	900099	13,954.	13,954.		
	<b>b</b> VENDING MACHINES		900099	11,034.	11,034.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			24,988.			
<b>12 Total revenue.</b> See instructions			19,680,673.	3,699,542.	0.	1,802,449.	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	480,064.	380,547.	43,926.	55,591.
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	5,644,960.	4,459,144.	514,452.	671,364.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	114,016.	82,166.	14,478.	17,372.
9 Other employee benefits	1,252,339.	1,017,708.	113,267.	121,364.
10 Payroll taxes	427,505.	337,858.	38,240.	51,407.
11 Fees for services (nonemployees):				
a Management				
b Legal	22,626.	2,404.	20,222.	
c Accounting	48,201.		48,201.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	292,659.			292,659.
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.)	186,711.	153,380.	33,331.	
12 Advertising and promotion	314,830.	855.		313,975.
13 Office expenses	120,543.	91,709.	27,088.	1,746.
14 Information technology	95,972.	90,975.	2,498.	2,499.
15 Royalties				
16 Occupancy	1,061,723.	1,061,723.		
17 Travel	132,482.	102,893.	21,075.	8,514.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,671.	38,773.	24,449.	6,449.
20 Interest	155,475.	155,047.	428.	
21 Payments to affiliates	2,500,260.	2,500,260.		
22 Depreciation, depletion, and amortization	307,132.	276,418.	15,357.	15,357.
23 Insurance	235,064.	164,545.	70,519.	
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 ACQUISITION</b>	1,635,931.	4,575.	762.	1,630,594.
b <b>DONATED FOOD DISTRIBUTION</b>	1,528,794.	1,528,794.		
c <b>KITCHEN</b>	1,165,442.	1,165,040.	402.	
d <b>DONATED MERCHANDISE DISTRIBUTION</b>	1,163,513.	1,163,513.		
e All other expenses	1,929,467.	1,612,335.	147,017.	170,115.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	20,885,380.	16,390,662.	1,135,712.	3,359,006.
26 <b>Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	28,435.	<b>1</b>	3,089.
	<b>2</b> Savings and temporary cash investments .....	2,594,270.	<b>2</b>	2,172,289.
	<b>3</b> Pledges and grants receivable, net .....	850,500.	<b>3</b>	1,093,398.
	<b>4</b> Accounts receivable, net .....	132,180.	<b>4</b>	262,681.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	8,972,500.	<b>7</b>	8,972,500.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	41,373.	<b>9</b>	72,240.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,809,053.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,461,126.		
	<b>11</b> Investments - publicly traded securities .....	1,554,267.	<b>10c</b>	1,347,927.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,239,391.	<b>11</b>	18,850,363.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	15,589,450.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	49,002,366.	<b>15</b>	16,433,395.	
		<b>16</b>	49,207,882.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	683,170.	<b>17</b>	940,798.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,690,967.	<b>23</b>	5,558,197.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	18,547,455.	<b>25</b>	19,862,251.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	24,921,592.	<b>26</b>	26,361,246.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	16,781,967.	<b>27</b>	16,135,312.
	<b>28</b> Net assets with donor restrictions .....	7,298,807.	<b>28</b>	6,711,324.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	24,080,774.	<b>32</b>	22,846,636.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	49,002,366.	<b>33</b>	49,207,882.	

**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	19,680,673.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,885,380.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,204,707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,080,774.
5	Net unrealized gains (losses) on investments	5	18,373.
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	-47,804.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,846,636.

**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 _____		

Form 990 (2024)

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

(Rev. December 2024)  
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

**Open to Public  
Inspection**

Name of the organization

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? .....

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)? .....

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 ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations?   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations?  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		592,852.	361,288.	231,564.
<b>d</b> Equipment				
<b>e</b> Other		2,216,201.	1,099,838.	1,116,363.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,347,927.

**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	16,414,240.
(3) CONSTRUCTION IN PROGRESS	16,355.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	16,433,395.

**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	33,968.
(3) OPERATING LEASE LIABILITIES	19,828,283.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	19,862,251.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**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, 2025 AND 2024 FOR UNCERTAIN INCOME TAX POSITIONS. THE ORGANIZATION CONTINUALLY EVALUATES EXPIRING STATUTES OF 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 THEY ARE SUBJECT TO INCOME TAX ELIMINATIONS BY TAX AUTHORITIES FOR THE CURRENT YEAR AND THE LAST THREE YEARS.



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**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.  
**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.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization: **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 nongovernment 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	3,332,124.	1,218,225.	2,113,899.
KM PRINTING - 11195 DOLFIELD ROAD, OWINGS MILLS, MD 21117	MAIL PROGRAM		X	610,812.	187,532.	423,280.
RKD GROUP, LLC - PO BOX 843595, DALLAS, TX 75284	DIRECT MAIL		X	243,741.	496,614.	-252,873.
MFM RESOURCES, INC - 3901 EAST PARIS AVE., GRAND	PLANNED GIVING		X	70,840.	52,907.	17,933.
GATEWAY COMMUNICATIONS - 16805 NE MASON COURT,	PHONE CAMPAIGN		X	69,645.	38,402.	31,243.
PEABODY PRESS - 601 N POINT BLVD, BALTIMORE, MD 21237	MAIL PROGRAM		X	0.	44,078.	0.
NIMBLE CONNECT - 3550 LENOX ROAD NE 21ST FL, ATLANTA, GA	DONOR CULTIVATION		X	0.	12,583.	0.
CLAUDE GRIZZARD - 338 HARBOR VILLAGE POINT, PALM COAST, FL	DONOR CULTIVATION		X	0.	30,000.	0.
ALEXANDER N STAVARZ III - 3867 WEST MARKET ST, AKRON,	DONOR CULTIVATION		X	0.	92,277.	0.
DICKERSON, BAKKER & ASSOCIATES, LLC - PO BOX	DIRECT MAIL & DIGITAL MEDIA PROGRAMS		X	0.	67,092.	0.
<b>Total</b>				<b>4,327,162.</b>	<b>2,239,710.</b>	<b>2,333,482.</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, FL**

**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	<b>1</b> Gross receipts .....	1,225.	102,342.		103,567.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	1,225.	102,342.		103,567.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....		13,527.		13,527.
	<b>7</b> Food and beverages .....		2,589.		2,589.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....		3,776.		3,776.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				19,892.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				83,675.	

**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))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<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 the 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: KM PRINTING

(I) ADDRESS OF FUNDRAISER: 11195 DOLFIELD ROAD, OWINGS MILLS, MD 21117

(I) NAME OF FUNDRAISER: RKD GROUP, LLC

(I) ADDRESS OF FUNDRAISER: PO BOX 843595, DALLAS, TX 75284

(I) NAME OF FUNDRAISER: MFM RESOURCES, INC

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

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

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

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: PEABODY PRESS

(I) ADDRESS OF FUNDRAISER: 601 N POINT BLVD , BALTIMORE, MD 21237

(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

(I) NAME OF FUNDRAISER: DICKERSON, BAKKER & ASSOCIATES, LLC

(I) ADDRESS OF FUNDRAISER: PO BOX 98685, RALEIGH, NC 27624

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

THE TOTAL AMOUNT PAID TO NIMBLE CONNECT WAS \$12,583 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.

THE TOTAL PAID TO BREWER DIRECT FOR THE YEAR WAS \$1,218,225, WHICH INCLUDED \$842,848 FOR PRINTING, SIGNAGE, DIGITAL MEDIA, AND POSTAGE COSTS RELATED TO DIRECT MAIL FUNDRAISING, AS WELL AS WEBSITE MAINTENANCE COSTS OF \$9,240, AND \$289,952 FOR ADVERTISING. FEES PAID DIRECTLY FOR FUNDRAISING CONSULTATION AMOUNTED TO \$76,180.

THE TOTAL AMOUNT PAID TO MFM RESOURCES FOR THE YEAR WAS \$52,907 WHICH INCLUDED \$3,234 FOR POSTAGE AND \$49,673 FOR CULTIVATION CONSULTING IN PLANNED GIVING.

THE TOTAL AMOUNT PAID TO PEABODY PRESS FOR THE YEAR WAS \$44,078 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 \$38,402 WHICH WAS ALL FOR PHONE CAMPAIGN COSTS. THERE WERE NO FEES PAID FOR FUNDRAISING CONSULTATION.

THE TOTAL AMOUNT PAID TO KM PRINTING FOR THE YEAR WAS \$187,532 ALL FOR PRINTING, SUPPLIES AND POSTAGE COSTS RELATED TO DIRECT MAIL FUNDRAISING. THERE WERE NO FEES FOR CONSULTATION.

THE TOTAL AMOUNT PAID TO DICKERSON, BAKKER, & ASSOCIATES WAS \$67,092 WHICH INCLUDED \$29,346 FOR DIGITAL MEDIA SERVICES, \$5,800 FOR ADVERTISING AND PROMOTION AND \$31,946 FOR DIRECT MAIL CULTIVATION CONSULTING.

THE TOTAL AMOUNT PAID TO RKD GROUP, LLC FOR THE YEAR WAS \$496,614 WHICH WAS ALL FOR PRINTING, SUPPLIES AND POSTAGE RELATED TO DIRECT MAIL FUNDRAISING. THERE WERE NO FEES PAID FOR CONSULTING.

THE TOTAL AMOUNT PAID TO ALEXANDER N STAVARZ III FOR THE YEAR WAS \$92,277 WHICH WAS ALL FOR DONOR CULTIVATION CONSULTING.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

**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 1a, 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	(i)	221,099.	0.	0.	0.	26,904.	248,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) K. DANIEL STOLTZFUS CHIEF EXECUTIVE OFFICER	(i)	204,726.	0.	0.	0.	35,663.	240,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT K. GEHMAN PRESIDENT EMERITUS	(i)	174,720.	0.	4,800.	0.	11,945.	191,465.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SKY WOODWARD CHIEF ADMINISTRATIVE OFFICER	(i)	140,993.	0.	0.	0.	26,883.	167,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER BEDON CHIEF PHILANTHROPY OFFICER	(i)	152,677.	0.	0.	0.	1,134.	153,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL RALLO DIRECTOR OF SPIRITUAL LIFE	(i)	117,778.	0.	0.	0.	35,439.	153,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BRENT JONES SENIOR DIRECTOR OF MENS PROGRAMS	(i)	134,083.	0.	0.	0.	16,678.	150,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **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		1,163,513.	THRIFT SHOP VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X		202,542.	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		1,528,794.	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 on 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) 2024



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)  
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>HELPING UP MISSION, INC.</b>	Employer identification number <b>52-0635090</b>
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**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
COMMERCIAL KITCHENS, WORKFORCE DEVELOPMENT AND JOB TRAINING AREAS,  
ARTS AND MUSIC CENTERS, GYMS AND RECREATIONAL AREAS - ALL DESIGNED TO  
SUPPORT LASTING RECOVERY AND RESTORED LIVES.**

**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 ORGANIZATION, 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 FOUNDATION  
OF HUM, DATING BACK TO OUR BEGINNING IN 1885. EACH DAY, HOMELESS MEN  
ARE WELCOMED INTO A SAFE AND CARING ENVIRONMENT WHERE THEY RECEIVE HOT  
MEALS, NEW CLOTHING, TOILETRIES, AND ACCESS TO PRIVATE SHOWERS. MORE  
IMPORTANTLY, THEY HEAR A MESSAGE OF HOPE - THAT REAL AND LASTING CHANGE  
IS POSSIBLE. THE OVERNIGHT GUESTS ARE SERVED BY AND INTERACT WITH  
CURRENT CLIENTS IN OUR 12-MONTH SPIRITUAL RECOVERY PROGRAM (SRP)  
OFFERING LIVING PROOF THAT TRANSFORMATION CAN HAPPEN. MANY GUESTS ARE  
INSPIRED TO JOIN THE YEAR-LONG RECOVERY PROGRAM THEMSELVES.**

**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 290  
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 BY HARNESSING THE POWER OF FAITH, SCIENCE AND  
COMMUNITY. 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, REESTABLISH HEALTHY RELATIONSHIPS, REDISCOVER  
PURPOSE AND RETURN TO THEIR COMMUNITIES AS PRODUCTIVE, CONTRIBUTING  
MEMBERS.**

**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. IN 2023, HUM ESTABLISHED A PARTNERSHIP WITH JOHNS HOPKINS  
BAYVIEW MEDICAL COMPREHENSIVE ADDICTION AND PREGNANCY PROGRAM TO CARE  
FOR PREGNANT WOMEN AND THEIR BABIES EXPERIENCING ADDICTION.**

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

IN THIS PROGRAM, FORMERLY HOMELESS PEOPLE LIVE IN 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 SOBER 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 "PROGRESS TO 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 735 BEDS IN SEVERAL DISTINCTIVE PROGRAMS AT HUM, WHICH INCLUDE:

- 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 (45 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, UNIVERSITY OF MARYLAND MEDICAL SYSTEM AND ASCENCION ST. AGNES HOSPITALS' "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
- 19 YEARS OF ACTIVE ADDICTION
- 56% HAVE EXPERIENCED INCARCERATION, AVERAGING 30 MONTHS OF JAIL TIME SERVED
- 31% DO NOT HAVE A HIGH SCHOOL DIPLOMA
- DIVERSE RACIAL AND SOCIO-ECONOMIC BACKGROUNDS-HERE IS THE RACIAL BREAKDOWN:
- BLACK, AFRICAN-AMERICAN OR AFRICA-BORN (44%)
- CAUCASIAN (37%)
- HISPANIC/LATINO (14%)
- OTHER RACE, ETHNICITY OR ORIGIN (1%)
- NATIVE AMERICAN, AMERICAN INDIAN OR ALASKAN NATIVE (1%)
- ASIAN OR ASIAN AMERICAN (1%)
- MIXED/MULTI-RACIAL (2%)
- 49% COME FROM BALTIMORE CITY, 12% FROM BALTIMORE COUNTY, 39%

Name of the organization HELPING UP MISSION, INC.	Employer identification number 52-0635090
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## ELSEWHERE

- MOST HAVE EXPERIENCED DOMESTIC VIOLENCE OR TRAUMA GROWING UP

APPROXIMATELY 65% OF THE HUM STAFF IS COMPRISED OF PROGRAM GRADUATES. THIRTY 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
- 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
- BALTIMORE OFFICE OF OVERDOSE RESPONSE
- MARYLAND OFFICE OF OVERDOSE RESPONSE
- COMMUNITY HEALTH RESOURCES COMMISSION
- UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY
- UNIVERSITY OF MARYLAND MEDICAL SYSTEM
- ASCENCION ST. AGNES HOSPITAL
- 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

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

(CONTINUED FROM ABOVE)

- SCHOOL OF PHARMACY AT NOTRE DAME AT MARYLAND UNIVERSITY
- MARYLAND HEALTH CONNECTION
- HEALTHCARE FOR THE HOMELESS
- HEALTHCARE ACCESS MARYLAND
- BEHAVIORAL HEALTH SYSTEMS - BALTIMORE
- BRADENBURG EYE ASSOCIATES
- DISABILITY SUPPORT SERVICES
- BALTIMORE CITY HEALTH DEPARTMENT
- NORTHERN PHARMACY & MEDICAL EQUIPMENT
- 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
- 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

OVER THE COURSE OF THE PAST FISCAL YEAR, 2025, HELPING UP MISSION PROVIDED THE FOLLOWING TO OUR CLIENTS:

- 3,082 MEN, WOMEN & CHILDREN SERVED (UNDUPLICATED)
- 15,101 MEN, WOMEN & CHILDREN SERVED FOR ALL PROGRAMS (DUPLICATED)
- 152 GRADUATES OF OUR SPIRITUAL RECOVERY PROGRAMS
- 102 MEN'S ONE-YEAR SPIRITUAL RECOVERY PROGRAM GRADUATES
- 25 MEN'S 6-MONTH GRANDUATE SPIRITUAL RECOVERY PROGRAM GRADUATES
- 25 WOMEN'S ONE-YEAR SPIRITUAL RECOVERY PROGRAM GRADUATES
- 217 WOMEN SERVED IN THE WOMEN'S SPIRITUAL RECOVERY PROGRAM
- 10,244 (MOBILE OUTREACH UNIT) MEN AND WOMEN SERVED WITH FOOD, HYGIENE KITS AND CASE MANAGEMENT THROUGHOUT BALTIMORE CITY, BALTIMORE COUNTY & ANNE ARUNDEL COUNTY
- 1019 (MOBILE OUTREACH UNIT) MEN AND WOMEN (UNDUPLICATED) PROVIDED CASE MANAGEMENT THROUGHOUT BALTIMORE CITY, BALTIMORE COUNTY & ANNE ARUNDEL COUNTY
- 50 (MOBILE OUTREACH UNIT) MEN AND WOMEN WHO ENTERED THE SPIRITUAL RECOVERY PROGRAMS REFERRED BY THE MOBILE OUTREACH UNIT
- 699,137 FULL MEALS SERVED EACH YEAR
- 202,379 BED NIGHTS OF SHELTER PROVIDED
- 350,000+ ITEMS OF CLOTHING AND PERSONAL CARE PRODUCTS DISTRIBUTED
- 19,292 MENTAL HEALTH, SUBSTANCE ABUSE, POST-TRAUMA AND PSYCHIATRIC COUNSELING SESSIONS (INDIVIDUAL AND GROUP)
- 9,963 APPOINTMENTS WITH CERTIFIED PEER RECOVERY SPECIALISTS
- 631 APPOINMENTS WITH CERTIFIED PEER RECOVERY SPECIALISTS FOR OUR HISPANIC OUTREACH PROGRAM
- 23,816 HISPANIC SPIRITUAL RECOVERY PROGRAM CLASS APPOINMENTS

Name of the organization HELPING UP MISSION, INC.	Employer identification number 52-0635090
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## PROVIDED

- 3,545 JOHNS HOPKINS CORNERSTONE CLINIC SUBSTANCE ABUSE & MENTAL HEALTH INDIVIDUAL COUNSELING SESSIONS
- 14,205 JOHNS HOPKINS CORNERSTONE CLINIC SUBSTANCE ABUSE & MENTAL HEALTH GROUP SESSION APPOINTMENTS
- 1,542 POST-TRAUMA HEALING GROUP APPOINTMENTS
- 65,308 ESTIMATED EVENING RECOVERY MEETINGS ATTENDED BY SRP CLIENTS
- 2,350 PRIMARY & URGENT CARE MEDICAL APPOINTMENTS (ON-SITE AT GMBC CLINIC)
- 126 EYE EXAMS AND 11 EYEGLASSES PROVIDED
- 4,060 OUTSIDE MEDICAL APPOINTMENTS PROVIDED (TRANSPORTATION COORDINATED ON-SITE)
- 135 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)
- 4 CLIENTS EARNED THEIR HIGH SCHOOL DIPLOMA
- 110 CLIENTS BEGAN STUDYING FOR THEIR MARYLAND HIGH SCHOOL DIPLOMA
- 112 CLIENTS ASSESSED FOR LITERACY AND NUMERACY WITH CASAS 900
- 98 CLIENTS PARTICIPATED IN ADULT BASIC EDUCATION (AKA LITERACY ACTIVITIES)
- 19 CLIENTS PASSED THE BASIC COMPUTER LITERACY CLASS
- 193 CLIENTS ATTENDED RESUME CLASSES AND COMPLETED A RESUME
- 47 CLIENTS RECEIVED 1-ON-1 FINANCIAL LITERACY COUNSELING SESSIONS
- 63 CLIENTS COMPLETED 5-WEEK FINANCIAL LITERACY CLASSES
- 119 CLIENTS GAINED EMPLOYMENT AT AN AVERAGE RATE OF \$17.70 PER HOUR, 56% OF WHICH CAME WITH BENEFITS FOR ALL CLIENTS. JOBS REFERRED BY HUMN'S EDUCATION & WORKFORCE DEVELOPMENT SERVICES HAD AN AVERAGE WAGE OF \$19.42 PER HOUR, 94% OF WHICH CAME WITH BENEFITS.
- 132 "BARRIER TO EMPLOYMENT" SERVICE APPOINTMENTS (E.G. BACKGROUND CHECK, CHILD SUPPORT, CRIMINAL EXPUNGEMENTS, MVA RECORD EXPUNGEMENTS, TAXES, AND MOCK JOB INTERVIEWS)
- 79 CLIENTS ENROLLED IN COLLEGE AND/OR TECHNICAL SKILLS TRAINING

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

## FORM 990, PART VI, SECTION A, LINE 2:

SKY WOODWARD IS AN EMPLOYEE OF HUM AND IS MARRIED TO JOHN SWEENEY, WHO IS AN INDEPENDENT BOARD MEMBER OF HOUSE OF FREEDOM, INC. HOUSE OF FREEDOM, INC. IS AN AFFILIATED ORGANIZATION OF HELPING UP MISSION. JOHN WOULD ABSTAIN FROM ANY VOTE THAT HAD A DIRECT CONFLICT OF INTEREST INVOLVING SKY.

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

DRAFT FORM 990S FOR HUM ARE REVIEWED BY SENIOR MANAGEMENT AND, IF APPROVED, ARE THEN PRESENTED TO THE FINANCE COMMITTEE FOR DETAILED REVIEW AND APPROVAL. THE FINANCE COMMITTEE HAS DELEGATED AUTHORITY FROM THE HUM BOARD OF DIRECTORS TO ACT ON THEIR BEHALF. ONCE APPROVED BY THE FINANCE COMMITTEE, THEN THE CEO SIGNS AND THE RETURNS ARE FILED. ALL MEMBERS OF THE HUM BOARD ARE GIVEN A FINAL, SIGNED COPY OF THE RETURNS.

## 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



**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **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	MARYLAND	501(C)(3)	170(B)(1)(A)	HELPING UP MISSION, INC.	X	
HOUSE OF FREEDOM SUPPORT CORPORATION - 84-3536098, 1029 E. BALTIMORE STREET, BALTIMORE, MD 21202	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.	X	

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

Schedule R (Form 990) (Rev. 1-2025)

**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		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
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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	691,550.	FAIR MARKET VALUE OF TRANSACTION
(2) HOUSE OF FREEDOM SUPPORT CORPORATION	K	827,387.	FAIR MARKET VALUE
(3) HOUSE OF FREEDOM	B	2,500,260.	FAIR MARKET VALUE OF CONTRIBUTION
(4)			
(5)			
(6)			





**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**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>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	Form 990-T (governmental entities)	15

• 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 **26**, 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 **24**, and ending **JUN 30**, 20 **25**

**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.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**