**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

Charme of organization   Property   Charme of organization   Property   Charme of organization   Property   Charmed of organization   Property   Property   Property   Charmed of organization   Property	A	For th	ie 2012 calendar year, or tax year beginning $\mathrm{JUL}1$ , $2012$ $$	JUN 30, 2013	3
The Internal Core   Principle   Core   Principle   Core   Principle   Core	В	Check i applicat	C Name of organization	D Employer identif	ication number
Doing Business As   10.29 E. BALTIMORE STREET   10.20 E		Addi	THE HELPING UP MISSION, INC.		
Teach   Normal or Street (or P.J. Box I mails in adversed to Street address)   Noomboule   Elejophone number (410) 675-7500		Nam chan	ge Doing Business As	52-0	0635090
Reprise   Posture   Posture   Reprise   Rep	L	retun Term	Number and street (of P.O. Dox if mail is not delivered to street address)   Room/s		
BALTIMORE, MD 21202   Host is a group return for affiliates?   Yes   X No FAME AS C ABOVE   For American Content of the Company of the Comp	Ī	Ame			
Name and address of principal officer ROBERT K. GEHMAN   SAME AS C. ABOVE   Tax-exempt enature   Same As C. ABOVE   Tax-exempt enable   Same As C. ABOVE   Same As C. AB		IggA			
SAME AS C ABOVE					
Texewement efature: X   501(c)(3)					
Website:   WWW. HELP INGUPMISSION.ORG   Hitle Group exemention number   Peart   Summary	ī	Tax-ex			
Part   Summary					•
Belefix   Summary					
VARIETY OF SERVICES TO THE HOMELESS   2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.				,	
VARIETY OF SERVICES TO THE HOMELESS   2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.	6	1	Briefly describe the organization's mission or most significant activities: HELPING	UP MISSION PR	ROVIDES A
b Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   S	Ę		VARIETY OF SERVICES TO THE HOMELESS		
b Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   S	ž.	2	Check this box  if the organization discontinued its operations or disposed of n	nore than 25% of its net a	issets.
b Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   S	ð	3	At a decrease and a second a second and a second a second and a second a second a second a second a second and a second a second a second a second a second and a		
b Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   S	<u>ග</u> න	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
b Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   S	S	5			112
b Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   S	ij	6			2250
b Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   S	5	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
Prior Year   Current Year   5,387,306.   6,842,733.   6,842,733.   1,658,715.   1,941,626.   1,0	_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
9		}			Current Year
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	בה	9	Program service revenue (Part VIII, line 2g)	1,658,715.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě	10		12,849.	45,518.
12   Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   7,070,304   8,844,040     13   Grants and similar amounts paid (Part IX, column (A), line 4)   0	ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,434.	14,163.
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0				7,070,304.	8,844,040.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2,155,464   2,434,712     16a Professional fundralising fees (Part IX, column (D), line 25)   1,438,767     17 Other expenses (Part IX, column (A), lines 25)   1,438,767     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   7,992,042   6,962,703     19 Revenue less expenses. Subtract line 18 from line 12   -921,738   1,881,337     19 Revenue less expenses. Subtract line 18 from line 12   -921,738   1,881,337     19 Revenue less expenses. Subtract line 18 from line 12   -921,738   1,881,337     19 Revenue less expenses. Subtract line 18 from line 12   -921,738   1,881,337     19 Revenue less expenses. Subtract line 18 from line 12   -921,738   1,881,337     19 Revenue less expenses. Subtract line 18 from line 12   -921,738   1,881,337     19 Revenue less expenses. Subtract line 18 from line 12   -921,738   1,881,337     20 Total assets (Part X, line 16)   2,375,769   3,911,968     21 Total liabilities (Part X, line 26)   1,119,671   651,205     22 Net assets or fund balances. Subtract line 21 from line 20   1,256,098   3,260,763     21 Total liabilities (Part X, line 26)   1,256,098   3,260,763     21 Total liabilities (Part X, line 26)   1,256,098   3,260,763     22 Net assets or fund balances. Subtract line 21 from line 20   1,256,098   3,260,763     23 Net assets or fund balances. Subtract line 21 from line 20   1,256,098   3,260,763     24 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 compelete. Rectarding of perjury lines 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 compelete. Rectarding of perjury lines and title   Print/Type preparer's name   Preparer's name   Preparer's name   Preparer's name					
16a Professional fundraising fees (Part IX, column (A), line 11e)   121,000   114,000   114,000   17		14			
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 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.  Print/Type preparer's name  Print/Type	ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 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.  Print/Type preparer's name  Print/Type	Šus	16a	Professional fundraising fees (Part IX, column (A), line 11e)	121,000.	114,000.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 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.  Print/Type preparer's name  Print/Type	ă.				
19   Revenue less expenses. Subtract line 18 from line 12   -921,738.   1,881,337.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
Beginning of Current Year End of Year 2,375,769. 3,911,968. 2,375,769. 2,375,		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 16) 20 1, 119,671. 651,205.  20 7,763.  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  ROBERT K. GEHMAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  NICOLE R. SZARKO, CPA  Preparer  NICOLE R. SZARKO, CPA  Firm's name  FITZPATRICK, LEARY & SZARKO, LLC  Firm's address  20 45 YORK ROAD, STE 300  Phone no. 410-307-1400		19	Revenue less expenses. Subtract line 18 from line 12	-921,738.	1,881,337.
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 compelete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Wignature of officer  Date  ROBERT K. GEHMAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer  NICOLE R. SZARKO, CPA  Print/Type preparer's name  Preparer  Use Only  Firm's name  FITZPATRICK, LEARY & SZARKO, LLC  Firm's address  2045 YORK ROAD, STE 300  TIMONIUM, MD 21093  Phone no. 410-307-1400	26.0				
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 compelete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Wignature of officer  Date  ROBERT K. GEHMAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer  NICOLE R. SZARKO, CPA  Print/Type preparer's name  Preparer  Use Only  Firm's name  FITZPATRICK, LEARY & SZARKO, LLC  Firm's address  2045 YORK ROAD, STE 300  TIMONIUM, MD 21093  Phone no. 410-307-1400	Set	20	Total assets (Part X, line 16)		
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 compelete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Wignature of officer  Date  ROBERT K. GEHMAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer  NICOLE R. SZARKO, CPA  Print/Type preparer's name  Preparer  Use Only  Firm's name  FITZPATRICK, LEARY & SZARKO, LLC  Firm's address  2045 YORK ROAD, STE 300  TIMONIUM, MD 21093  Phone no. 410-307-1400	Ž	21		1,119,671.	
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 corpelete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Plant Robert K. Gehman, Executive Director  Type or print name and title  Print/Type preparer's name  Preparer  NICOLE R. SZARKO, CPA  Print/Type preparer's name  Preparer  Firm's name  FITZPATRICK, LEARY & SZARKO, LLC  Firm's elivery of the period of the period belief, it is true, correct, and corpelete. Declaration of preparer has any knowledge.  Date  October Print/Type preparer's name  Print/Type preparer'				1,256,098.	3,260,763.
true, correct, and corpelete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign	1,1,1,1,1,1		···		
Sign Here  ROBERT K. GEHMAN, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name NICOLE R. SZARKO, CPA Preparer Use Only  Firm's name FITZPATRICK, LEARY & SZARKO, LLC Firm's address 2/// Print/Type preparer's name Preparer Firm's name FITZPATRICK, LEARY & SZARKO, LLC Firm's Elly 46-2982708 Phone no. 410-307-1400					ny knowledge and belief, it is
Here  ROBERT K. GEHMAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name NICOLE R. SZARKO, CPA  Preparer  NICOLE R. SZARKO, CPA  Preparer  Firm's name FITZPATRICK, LEARY & SZARKO, LLC  Firm's ell-employed Firm's ElN  46-2982708  Phone no. 410-307-1400	true,	correc	t, and corpolete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Here  ROBERT K. GEHMAN, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name NICOLE R. SZARKO, CPA  Preparer  NICOLE R. SZARKO, CPA  Preparer  Firm's name FITZPATRICK, LEARY & SZARKO, LLC  Firm's ell-employed Firm's ElN  46-2982708  Phone no. 410-307-1400			Sandyur at attions	2/1/	19-
Type or print name and title  Print/Type preparer's name  Paid  Preparer  NICOLE R. SZARKO, CPA  Preparer  Firm's name  FITZPATRICK, LEARY & SZARKO, LLC  Firm's address  2045 YORK ROAD, STE 300  TIMONIUM, MD 21093  Phone no. 410-307-1400				uate /	
Paid NICOLE R. SZARKO, CPA / (M) / Amado (A) 2 / I self-employed P00646988  Preparer Use Only Firm's address 2045 YORK ROAD, STE 300  TIMONIUM, MD 21093 Phone no. 410-307-1400	Her	е			
Paid NICOLE R. SZARKO, CPA / (M) / Amado (A) 2 / I self-employed P00646988  Preparer Use Only Firm's address 2045 YORK ROAD, STE 300  TIMONIUM, MD 21093 Phone no. 410-307-1400			Print/Type preparer's name Prenarer's sinflature	Date, , Check	PTIN
Preparer   Firm's name   FITZPATRICK, LEARY & SZARKO//LLC	Paid			1 2/2/14 1# "	
Use Only Firm's address 2045 YORK ROAD, STE 300 TIMONIUM, MD 21093 Phone no. 410-307-1400				<del>-                                    </del>	
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		•		Phone no 4	10-307-1400
	May	the IF		1111010110	

	m 990 (2012) THE HELPING UP MISSION, INC.	52-0635090	Page 2
P	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		<u> </u>
	HELPING UP MISSION PROVIDES HOPE TO THE POOR AND HOMEL	ESS THROUGH	
	PROGRAMS DESIGNED TO MEET THEIR INDIVIDUAL PHYSICAL, P	SVCHOTOCTCXT	
	SOCIAL AND SPIRITUAL NEEDS.	PICHOTOGICAL!	
	DOCTHE MAD OF INTIONE MEEDS.	harden and the second	
_	PULL		
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
	if "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	no monorized by avances	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	as measured by expenses	• .
	to color if one of present a suitable in the second of the	iners, the total expenses, a	and
4-	revenue, if any, for each program service reported.	1 055	
4a	/ / / / / / / / / / / / / / / / / / /	venue \$ 1,955,	<u> 789.</u> )
	SEE ATTACHED STATEMENT		
		***************************************	
		T.T. T.	
4b	(Code:) (Expenses \$		
	including grants or \$ / (Ref.	venue \$	
			······
			<del></del>
4c	(Code:) (Expenses \$ including grants of \$) (Rev	renue\$	)
	•		
	With the second	*******	
		A	
اد ا	Other present and a Charles of Ch		<del></del>
<b>+</b> 0	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
1e	Total program service expenses ► 5,182,279.		
		- 04	30 (0040)

# Form 990, Part III, line 4: Program Accomplishments

Helping Up Mission, Inc. is a faith-based, non-denominational Christian organization building a community of hope by offering permanent solutions to homelessness, addiction, and mental illness. Helping Up Mission provides hope to the poor and homeless through programs designed to meet their individual physical, psychological, social and spiritual needs. Helping up Mission is privately funded by thousands of individuals, churches, community organizations, corporations, and foundations. Compassionate and substantial care is given to all men in need, without consideration of race, economic or religious status. The campus includes a beautiful state-of-the-art chapel, a large commercial kitchen and dining room, classrooms for all program training, group and individual counseling rooms, an Innovative Learning Center that includes classrooms and computer labs, medical and vision exam rooms for on-site health care, a library with computer carrels, a recreational area which includes a gym and a gaming area, a barber shop, an arts and crafts center, a laundry facility, a rooftop observation deck, multi-purpose rooms, offices and conference rooms.

Emergency Overnight Guest Services (EOGS) <sup>1</sup> is the historical bedrock program of Helping Up Mission, and has been in existence since 1885. Homeless men are provided with a shower, a clean set of clothing, dinner, breakfast, and a message of hope that "real and permanent" change is possible if they desire to make a change in their lives. This program is emergency in nature, in that our overnight guests are truly without shelter, except for being with us. The overnight guests are served by and interact with the men in our 12-Month Spiritual Recovery Program, allowing the overnight guests to see positive changes in the lives of men formerly sharing similar circumstances. Many overnight guests choose to join the Spiritual Recovery Program. Last year, one out of three Spiritual Recovery Program members came from our Emergency Overnight Guest Services Program.

The cornerstone of Helping Up Mission is the Spiritual Recovery Program (SRP) <sup>2</sup>, providing hope, help, answers, and empowerment to those suffering from addiction, homelessness and mental illness. The SRP is a multifaceted, holistic, 12-month, residential program designed to nurture long-term recovery for homeless men with severe drug and/or alcohol related substance abuse issues. Participants live in a 12-step therapeutic community, creating and fostering a restorative culture of wellness and healing. The SRP focuses on four key areas to promote a mature, productive life: physical, psychological, spiritual and social. The SRP is not funded by the state, but rather, it depends entirely on the generosity of people willing to give homeless and addicted men a chance at recovery and restored lives.

Our Graduate Transitional Housing Program (GTHP) <sup>3</sup>, also called the House of Freedom, is the final stage of the transformative process. In this program, formerly homeless men live in long-term (up to 24 months) housing that prepares them to re-enter the community. There are

three eligibility requirements: a man must be a recent graduate of our Spiritual Recovery Program, must have one full year of continuous sobriety, and must be gainfully employed. The "heart" of this housing ministry is to provide Baltimore's recovering homeless men with a safe, encouraging, spiritually nurturing environment. By living in our therapeutic community, they're better equipped to regain their independence — and keep it. Here, each man is known by his better equipped to regain their independence of living established in the Spiritual Recovery "neighbors," and held accountable to the standard of living established in the Spiritual Recovery Program.

Our work is outcome-based, research-driven, and accomplished by providing a comprehensive array of residential programs and services through an extensive integrated network of strategic community partnerships. The 115,000 square foot campus encompasses 500 beds in eight distinctive programs at HUM, which include:

- Emergency Overnight Guest Services Program (50 beds)
- Spiritual Recovery Program (271)
- Graduate Transitional Housing Program (50 beds)
- Intern Leadership Training Program (30 beds)
- Long-Term Supportive Housing Program (16 beds)
- Graduate Relapse Reorientation Program (10 beds)
- Veterans Administration Outpatient Recovery Program (25 beds)
- Johns Hopkins Intensive Outpatient Recovery Program (48 beds)

Approximately 70 percent of the HUM staff is comprised of program graduates. 10 beds are allocated to select members of that staff, who live on site. This helps to establish a safe, encouraging, and therapeutic environment for the residential clients.

Helping Up Mission partners with a vast network of community organizations to deliver a holistic range of services which include:

- Spiritual development & pastoral counseling
- Mental health counseling
- Substance abuse counseling
- Educational advancement (GED/EDP/ABE)
- Vocational programs
- Financial literacy
- Somatic healthcare
- Vision care
- Dental care
- Podiatry care
- HIV awareness and screening

- Legal aid
- Computer literacy
- Mentoring
- Work therapy
- Art & Music therapy
- 12-step programs for substance abuse
- Recreational activities

# Helping Up Mission partners include (but are not limited to):

- Johns Hopkins University
- Johns Hopkins Hospital and Health Systems
- University of Maryland Medical Center
- University of Maryland School of Dentistry
- University of Towson Department of Nursing
- School of Pharmacy at Notre Dame at Maryland University
- U.S. Department of Veteran Affairs
- Maryland Department of Health and Mental Hygiene
- Maryland Department of Housing and Community Development
- The Abell Foundation
- The Harry and Jeanette Weinberg Foundation, Inc.
- South Baltimore Learning Center
- Healthcare for the Homeless
- Baltimore City Counseling Center
- Total Health Care, Inc.
- Back on My Feet
- Kameen Eye Associates
- Baltimore Substance Abuse Systems
- Baltimore County Office of Child Support Enforcement
- Homeless Persons Representation Project
- Business Interface, Inc.
- Maryland New Directions
- Bradley, Arant, Boult, Cummings, LLC
- Baltimore City Mayor's Office of Economic Development
- Baltimore Development Corporation
- Baltimore City Department of Social Services
- Susquehanna Bank
- PNC Bank
- Bank of America

- Davidovski Eye Associates
- Diakon Kathryn's Kloset
- Federal Home Loan Bank
- Disability Support Services

We serve a diverse group of clientele whose average demographics are:

- 40 years of age
- Started using drugs or alcohol at age 15
- 23 years of addiction
- 85% have experienced incarceration, averaging 30 months of jail time served
- 55% come from Baltimore City
- 57% have children
- 30% do not have a high school diploma
- 20% have experienced domestic violence growing up
- Diverse racial and socio-economic backgrounds

Over the course of the past fiscal year 2013, Helping up Mission provided the following to our clients:

- 1,000+ meals served each day
- 400,000+ meals served each year
- 182,500 nights of available shelter annually
- 150,000+ pieces of clothing and personal items distributed
- 2,100+ chapel services and educational classes conducted each year
- 5,700+ mental health, substance abuse, and psychiatric counseling sessions
- 1,500+ medical appointments
- 1,100+ dental appointments
- 350 HIV screenings
- 328 TB tests
- 265 vision screenings
- 116 pairs of eyeglasses distributed
- 85+ podiatry examinations
- 250 Legal Aid counseling sessions

<sup>&</sup>lt;sup>1</sup> Second largest program by fiscal year expense

<sup>&</sup>lt;sup>2</sup> Largest program by fiscal year expense

Third largest program by fiscal year expense

# Form 990 (2012) THE HELPING Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	12	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-	12
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<b> </b>		
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<b>-</b>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part !	6		l x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	}	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	C A18		(48.00)
	as applicable.		0.0000	0.000
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	biogram telegram to that is 300 in those of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		ا ب	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		$ \mathbf{x} $	
192	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^	
120		100		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		-1\
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	**	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,	ı-ta		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	. 75		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	İ	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X _	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

Form 990 (2012) THE HELPING UP MIS

Part IV Checklist of Required Schedules (continued)

	The state of the s		·	
21	Did the organization report more than \$5,000 of events and other assistance to account the sixty is the		Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	<u> </u>	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	- 22		- 21
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		ĺ
	Schedule K. If "No", go to line 25	24a		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		1
•	Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	*******	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
G	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			47
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	<u> X</u>
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
00	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		Х
31	contributions? If "Yes," complete Schedule M	30		
٠.	If "Yes," complete Schedule N, Part I	24		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		-41
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		-21
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00		
	Part V, line 1	34	х	i
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	ı

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	11			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			S-06010 S-0508
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	gaming			
	(gambling) winnings to prize winners?		1c	and deliver and	right belowe
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.				
	filed for the calendar year ending with or within the year covered by this return2a	112			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	44 4500
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	13.000.000.000	7077	9120027	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	i voet voern er	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Г	3ь		-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	if "Yes," enter the name of the foreign country:			88.	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		100000		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	andania da	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ation solicit			
	any contributions that were not tax deductible as charitable contributions?		6a	İ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift	ts			
	were not tax deductible?		6Ь		
7	Organizations that may receive deductible contributions under section 170(c).				
a	make it	ded to the payor?	7a		X
b			7b		
¢		d			<del></del> ,
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	s required?	7g		***************************************
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the suppo	orting	0000		8:100
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time du	ring the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	-4/44-4-584298344499,54	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				er Geroe
а	Initiation fees and capital contributions included on Part VIII, line 12		88.8		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b				
1	Section 501(c)(12) organizations, Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	Ļ	12a		<del>(1) (1) (1) (1) (1)</del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		88		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	Į.			8/2/A
3	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
Þ	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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 in Schedule O. See instructions.

_	Check if Schedule O contains a response to any question in this Part VI			X
<u>Se</u>	ction A. Governing Body and Management			
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year			1936
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
Ł				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	notonano	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		33 X X X X	
а	The governing body?	8a	X	58/9903038
b	Each committee with authority to act on behalf of the governing body?	8b	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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b		
iia	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			\$ 853150
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	00000000
b	Add and as	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?		1	
а	The organization's CEO, Executive Director, or top management official	15a	Χİ	DEREGESSES
ь	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	
	taxable entity during the year?	16a	950 F 30 F	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			9.0000 9.0000
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		20.000	
	exempt status with respect to such arrangements?	16b		916461010104P
Sect	ion C. Disclosure	102		
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	e	***************************************
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	clai	
	statements available to the public during the tax year.		J. va.	
	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	on: Þ		
:	MICHAEL T. BURNS - 410-675-7500			
	1017 E. BALTIMORE ST, BALTIMORE, MD 21202			
232006 12-10-1		Form	9907	2012\

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza  (A)  Name and Title	(B) Average hours per week	(do box offi		Pos heck	ition more	l than is bol	one han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(fist any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Ksy employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARK DEERING	2.00								TOTAL CONTROL OF THE	
PRESIDENT/DIRECTOR		Х		X				0.	0.	0.
(2) MARK VASELKIV	2.00									
1ST VICE PRESIDENT/DIRECTO		X		X				0.	0.	0.
(3) MARY LASHLEY	2.00	l						_	_	
2ND VICE PRESIDENT/DIRECTO	2.00	X		X				0.	0.	0.
(4) DAVE WYAND	2.00	٠,		.,						_
SECRETARY/DIRECTOR (5) DEB WOODEN	2.00	X		Х				0.	0.	0.
TREASURER/DIRECTOR	2.00	х		Х				0.	_	
(6) JOHN AMMON	2.00	Λ		^			$\dashv$	U •	0.	0.
DIRECTOR	2.00	х						0.	o <b>.</b>	0.
(7) STUART ERDMAN	2.00	41		_		-	$\dashv$	V •	0.	0.
DIRECTOR		х						0.	0.	0.
(8) ROBERT GEHMAN	40.00						$\dashv$			
EXECUTIVE DIRECTOR		Х		х		ı		153,247.	0.	18,192.
(9) CHUCK PIEL	2.00									20,202
DIRECTOR		Х	ļ				1	0.	0.	0.
(10) KIM LEWIS	2.00						T			
DIRECTOR		Х						0.	0.	0.
(11) ROBERT OHLER	2.00							*		
DIRECTOR		Х	ļ					0.	0.	0.
(12) CHRISTINE KAMEEN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DAVID MCQUAY	2.00	ļ								
DIRECTOR		X						0.	0.	0.
(14) BRUCE MORTIMER	2.00		ļ							
DIRECTOR		Хļ			ļ			0.	0.	0.
(15) EDWARD WIESE	2.00	_		-				_		
DIRECTOR		Х	_	$\perp$	$\downarrow$	_	_	0.	0.	0.
			+	-			_			
									İ	

232007 12-10-12

Fart VII   Section A. Officers, Directors, Tr	ustees, Key Em	ploy	rees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c	heck	ition more	than		Reportable	Reportable	Estimated
	hours per week				erson i Iirecto			compensation	compensation	amount of
	(list any	<u> </u>	<u> </u>				T	from the	from related	other
	hours for	G. G.				-		organization	organizations (W-2/1099-MISC)	compensation from the
	related	8	256			200		(W-2/1099-MISC)	(11-2) 1033-111100	organization
	organizations	<b>E</b>	al fro		8	adura Diagonal		(,		and related
	below	individual trustee or director	Institutional frustee	颖	Key employee	Highest compensated employee	펄	-		organizations
	line)	宣	ust	Officer	Š	₹5	Former			
		]						İ		
						<u> </u>				
								-		
	-	$\sqcup$					ļ			
	-						-			
	ļ		ı							
***************************************		$\vdash$		$\dashv$						
									*******	
1h Sub-total		ll.	l	l				153,247.		10 102
tb Sub-total	M. Castian I	*****	• • • • • •		•••	<b>&gt;</b>		153,247.	·	18,192
d Total (add lines 1b and 1c)								153,247.		0. 0 18,192
Total number of individuals (including but										10,192
compensation from the organization	HOL BUILDO TO TH	0361	iiote:	o ac	JO V G	17 WE	io ie	ceived more man \$100	non or reportable	
		•••••								Yes No
3 Did the organization list any former officer	r, director, or tru	stee	. ka	v en	nalo	Vee.	or h	ninhest compensated er	molovee on	
line 1a? If "Yes," complete Schedule J for										3 X
4 For any individual listed on line 1a, is the s	um of reportable	e coi	mne	กรล	tion	and	i oth	er compensation from t	he organization	·   • • • • • • • • • • • • • • • • • •
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or										
rendered to the organization? If "Yes," con	nplete Schedule	Jo	rsu	ch c	ers	on				. 5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	ompensated inc	leper	nder	nt co	ontra	acto	rs th	nat received more than	\$100,000 of compe	nsation from
the organization. Report compensation for	the calendar ye	ear e	ndin	g w	ith a	r wi	thin	the organization's tax y	ear.	
(A)							T	(B)		(C)
Name and business	s address	NO	NE	:				Description of se	ervices	Compensation
····										
MANAGE TO THE STATE OF THE STAT										
2 Total number of independent contractors (	including but no	ot lim	ited	to t	hos	e lis	ted :	above) who received m	ore than	
\$100,000 of compensation from the organi	ization 🕨				0					
										Form 990 (2012)

Form 990 (2012) THE HELL
Part VIII Statement of Revenue

			Check if Schedule O cont	tains a response	to any question	in this Part VIII	****************	4/4444.	
					1955 115 115 115 115	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
\$ 5	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			1			
S, A			Fundraising events			1			
# 1			Related organizations		068,415.	.1	to the second second		
χĒ			Government grants (contribut			1			
iš z			All other contributions, gifts, gran			1			
₽.E			similar amounts not included abo		774,318.				
F D		g	Noncash contributions included in lines		800,569.				
<u>Q</u> ≝	<u> </u>	h	Total. Add lines 1a-1f		<b>&gt;</b>	6,842,733.			
Program Service Revenue	2	a b	PROGRAM FEES		Business Code 900099	1,941,626.	1,941,626.		
yent		d							
Šķ		e							
Ē		f	All other program service reve	nue					
			Total. Add lines 2a-2f			1,941,626.			
	3		Investment income (including			,			
			other similar amounts)			51,073.			51,073.
	4		Income from investment of tax						
	5		Royalties		<b>&gt;</b>				
				(i) Real	(ii) Personal				
	6	3	Gross rents			]			
		Ь	Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		<b>&gt;</b>	700000000000000000000000000000000000000			
	7	a	Gross amount from sales of	(i) Securities	(ii) Other				
		L	assets other than inventory Less: cost or other basis	60,667.		-			
			and sales expenses	58.770	7,452.				
			Gain or (loss)	1.897	-7 452 ·				4 - 1 - 2 - 2 - 2 - 3
			Net gain or (loss)			-5,555.			-5,555.
<b>A</b> n			Gross income from fundraising			3,333.			-3,333.
evenue	•		including \$						0.0000000
eve			contributions reported on line						
ŭ.			Part IV, line 18						
Other R	J		Less: direct expenses						
O	•		Net income or (loss) from fund			unum papa na matatang papa (1959) (na 1958) (na 1966)		parancosanassa 1001 talaa tali 1861 1861 186	
ļ			Gross income from gaming act						
Ì			Part IV, line 19						
	ŀ	•	Less: direct expenses	b					
			Net income or (loss) from gami		<b>b</b>				
	10 a		Gross sales of inventory, less r						
			and allowances						
			Less: cost of goods sold						
}		<del>.</del>	Net income or (loss) from sales		<b>&gt;</b>				
}	11 a	_	Miscellaneous Revenue EARLY PAYMENT D		Business Code 900099	7,070.	7,070.		
	ıı e	-	VENDING MACHINES		900099	4,700.	4,700.		
	,		WASHER/DRYER		900099	3,015.	3,015.		
	d	-	A 11 - 41		900099	-622.	-622.		
	e					14,163.	JEL.		
_	12		Total revenue. See instructions.			8,844,040.	1,955,789	0.	45,518.
32009 2-10-	12						, ,		Form <b>990</b> (2012)

## Part IX Statement of Functional Expenses

	Check if Schedule O contains a respor	plete all columns. All ot use to any question in ti		P. D. T. I. D. P. G. C. C. C. C. C. C. C. C. C. C. C. C. C.	X
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	The state of the s				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	148,296.	74,150.	14,830.	59,316
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 700 003	1 014 600		
7	Other salaries and wages	1,708,003.	1,344,628.	115,269.	248,106
8	Pension plan accruals and contributions (include	26 155	01 010		
^	section 401(k) and 403(b) employer contributions)	36,155. 372,918.	21,012. 291,944.	6,387.	8,756
9	Other employee benefits		291,944.	38,478.	42,496
10	Payroll taxes	169,340.	131,716.	10,077.	27,547
11	Fees for services (non-employees):				
	Management				
	Legal	4E 000		45 000	
	Accounting	45,000.		45,000.	
	Lobbying	114 000			114 000
	Professional fundraising services. See Part IV, line 17	114,000.			114,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	8,713.	2 001	4 627	1 005
12	Advertising and promotion	0,/13.	3,001.	4,627.	1,085
13		164,614.	159,598.	3,668.	1 2/0
14	Office expenses	68,496.	65,004.	3,000.	1,348 3,492
15	Royalties	00,430.	05,004.		3,492
16	Occupancy	81,600.	81,039.	485.	76
17	Travel	5,754.	60.	5,475.	219
18	Payments of travel or entertainment expenses		00.	3,413.	213
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,181.	2,115.	9,238.	11,828
20	Interest	20,101.	2/113.	7,230.	11,020
21	Payments to affiliates	86,956.	86,956.		
22	Depreciation, depletion, and amortization	32,208.	27,377.	3,221.	1,610
23	Insurance	92,002.	64,401.	27,601.	
24	Other expenses, Itemize expenses not covered	,-	5.,.02.	27,001.	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	DONATED FOOD DISTRIBUTI	1,134,682.	1,134,682.		
b	CULTIVATION AND ACQUISI	854,087.	14,931.		839,156
¢	DONATED MERCHANDISE DIS	582,307.	582,307.		
d	REPAIRS & MAINTENANCE-	365,785.	365,785.	0.	0
	All other expenses SEE SCH O	868,606.	731,573.	57,301.	79,732
	Total functional expenses. Add lines 1 through 24e	6,962,703.	5,182,279.	341,657.	1,438,767
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	nonepasa	***************************************		
	educational campaign and fundraising solicitation.	жения в менеция в менеция в менеция в менеция в менеция в менеция в менеция в менеция в менеция в менеция в ме	The state of the s		
	Check here If following SOP 98-2 (ASC 958-720)				

232010 12-10-12

Form 990 (2012)
Part X Balance Sheet

1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pireges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958)(f)(1)), persons described in section 4958(o)(3)(8), and contributing employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sails or use 9 Prepadid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Sch L 11 Investments - publicy traced securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intragible assets 15 Cither assets. See Part IV, line 11 16 Total assets. Act lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Secured mortgages and notes payable to unrelated third parties 20 Secured mortgages and notes payable to unrelated third parties. 21 Complete Part II of Schedule L 22 Construction that folious SFAS 117 (ASC 958), check here IX and complete lines 27 through 29 Permanently restricted en assets 20 Complete Part II of Schedule L 21 Exporancy 17 (ASC 958), check here IX and complete lines 27 through 29 Permanently restricted net assets 22 Complete lines 27 through 29, and lines 33 and 34. 24 Unrestricted net assets 25 Other liabilities not included on lines 17-24). Complete Part IX of Schedule D 26 Grant liabilities and other liabilities not included on lines 17-24). Complete Part II of Schedule D 27 Degranizations that folious SFAS 117 (ASC 958), check here IX and complete lines 27 through 29, and lines 33 and 34. 31 (229, 645. 27 3, 220, 92). 31 (229, 645. 27 3, 220, 92). 32 Termanently restric							
Cash - non-interest-bearing   Cas		Check if Schedule O contains a response to an	y ques	tion in this Part X	(**)**********************************		
2 Savings and temporary cash investments					(A)		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958()(3)(8), and contributing employers and sponsoring organizations of section 501()(9) voluntary employees' beneficiary organizations of section 501()(9) voluntary employees' beneficiary organizations of section 501()(9) voluntary employees' beneficiary organizations of section 501()(9) voluntary employees' beneficiary organizations of section 501()(9) voluntary employees' beneficiary organizations of section 501()(9) voluntary employees' beneficiary organizations of section 501()(9) voluntary employees' beneficiary organizations of section 501()(9) voluntary employees' beneficiary organizations of section 501()(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 423,058, 113,247, 10c 143, 117,239, 117,239, 118, 118, 118, 118, 118, 118, 118, 11	1	Cash - non-interest-bearing		***********************		1	
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12   Investments - other securities. See Part IV, line 11   13   14   14   15   15   15   15   15   15	1				113,247.	10c	143,425.
13   Investments - program-related. See Part IV, line 11   14   Intangible assets   14	1	Investments - publicly traded securities		1,065,643.	11	1,239,391.	
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16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and		Intangible assets		14			
17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  10 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  Cother 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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and	1	Other assets. See Part IV, line 11	142,887.	15	673,719.		
18 Grants payable 18 19 Deferred revenue 53,006 ⋅ 19 17, 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 793,969 ⋅ 23 431, 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 29,004 ⋅ 25 22, 26 Total liabilities. Add lines 17 through 25 1,119,671 ⋅ 26 651,  Organizations that follow SFAS 117 (ASC 958), check here X and			2,375,769.		3,911,968.		
Deferred revenue 53,006. 19 17, Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 793,969. 23 431, Unsecured notes and loans payable to unrelated third parties 24  Unsecured notes and 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 29,004. 25 22, Total liabilities. Add lines 17 through 25 1, 119,671. 26 651, Organizations that follow SFAS 117 (ASC 958), check here X and	- 1	Accounts payable and accrued expenses	243,692.		179,184.		
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 793,969. 23 431, 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 29,004. 25 22, 26 Total liabilities. Add lines 17 through 25 1, 119,671. 26 651,  Organizations that follow SFAS 117 (ASC 958), check here X and	1	Grants payable		~	15 001		
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here X and		Deferred revenue	• • • • • • • • • • • • • • • • • • • •		53,006.		17,921.
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  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  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and							Newwest
Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here X and	1 21 20					21	
Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117 (ASC 958), check here X and	<u> </u>						
23 Secured mortgages and notes payable to unrelated third parties 793,969. 23 431, 24 Unsecured notes and loans payable to unrelated third parties 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 29,004. 25 22, 26 Total liabilities. Add lines 17 through 25 1, 119,671. 26 651,  Organizations that follow SFAS 117 (ASC 958), check here   X and	3						
24 Unsecured notes and loans payable to unrelated third parties 24  25 Other flabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 29,004. 25 22,  26 Total liabilities. Add lines 17 through 25 1,119,671. 26 651,  Organizations that follow SFAS 117 (ASC 958), check here ■ X and	92	Secured mortages and nates associate to associate	4 41. 1.		702 060		421 755
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and	1				193,909.	~	431,755.
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 29,004. 25 22, Total liabilities. Add lines 17 through 25 1,119,671. 26 651, Organizations that follow SFAS 117 (ASC 958), check here X and	1	Other liabilities (including federal income tay and	unira i	be related third		24	
Schedule D       29,004. 25       22,         26 Total liabilities. Add lines 17 through 25       1,119,671. 26       651,         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and       X and		narties and other liabilities not included on lines	17-94\	Complete Dark V of			
26 Total liabilities. Add lines 17 through 25 1, 119,671. 26 651,  Organizations that follow SFAS 117 (ASC 958), check here ► X and					29.004	ΛE	22,345.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	26	***************************************	**********				651,205.
					1/115/0/11	20	031,203.
27 Unrestricted net assets 1,229,645 ⋅ 27 3,220, 28 Temporarily restricted net assets 26,453 ⋅ 28 40, 29 Permanently restricted net assets 29  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	22			MINOR LESS UNG			
28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	ğ 27			92	1,229,645.	227 27	3,220,743.
29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	<u>s</u> 28	Temporarily restricted net assets	26.453.		40,020.		
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	D 29		20,1001		20,020		
and complete lines 30 through 34.	5						
N   00   0   11   1   1   1   1   1   1	Ö	-					
30 Capital stock or trust principal, or current funds	S 30				30		
31 Paid-in or capital surplus, or land, building, or equipment fund	្នំ 31	Paid-in or capital surplus, or land, building, or equ	uipmen	t fund	And and an an an an an an an an an an an an an		
32 Retained earnings, endowment, accumulated income, or other funds 32	32	Retained earnings, endowment, accumulated inc	ome. c	or other funds			
33 Total net assets or fund balances 1,256,098. 33 3,260,	33				1,256,098.		3,260,763.
	34	Total liabilities and net assets/fund balances			2,375,769.	34	3,911,968.

Forn	1990 (2012) THE HELPING UP MISSION, INC.	52	-0635	5090	Ра	ae 12
Pa	rt XI Reconciliation of Net Assets					90
	Check if Schedule O contains a response to any question in this Part XI	e <b>eqqe</b>	*: #* - # \$ * \ \$ < \$ <	******	**: 7**	
			***************************************			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,84	4,0	40.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,96		
3	Revenue less expenses. Subtract line 2 from line 1	3		L,88		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		L,25		
5	Net unrealized gains (losses) on investments	5	,	12	3,3	28.
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 in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		-:			
	column (B))	10	3	3,26	0,7	63.
Pa	*XII Financial Statements and Reporting		***************************************			***************************************
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					8 W.
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule	0.	<del></del>	1000	(2.j);	Ja (2)
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	********	*****	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			12.53
	consolidated basis, or both:			1000		
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	ļ,			
	review, or compilation of its financial statements and selection of an independent accountant?	******		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule (	5.			3435

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 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 in Schedule O and describe any steps taken to undergo such audits

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

0MB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HELPING UP MISSION, INC.

Employer identification number

Part I	® Dagge	for Dublic Ob	TO CLARACIA	DIONY	TINC						-0035	<u>, 090</u>	, 
	~:~ <b>!</b>	1 TOF PUBLIC CH	a <b>rity Status</b> (All organi	izations m	ust comple	te this pa	rt.) See ins	tructions.					
			on because it is: (For lines										
1	I A church, c	onvention of church	hes, or association of chu	rches des	cribed in s	ection 17	0(b)(1)(A)(i	).					
2			170(b)(1)(A)(ii). (Attach S										
3	i Ahospitalo	or a cooperative hos	pital service organization	described	l in section	170(b)(1	)(A)(īii).						
4			n operated in conjunction	with a ho	spital desc	ribed in s	ection 170	)(b)(1) <mark>(A)</mark> (	i <b>ii). E</b> nter	the	hespita	l's nan	ne,
. —	city, and st											·	
5	. An organiza	ition operated for th	e benefit of a college or u	iniversity o	wned or o	perated b	y a govern	mental un	it describ	bed	in		
		<b>0(b)(1)(A)(iv).</b> (Com											
6			ment or governmental un										
7 X	_	ition that normally re	eccives a substantial part	of its sup	port from a	governm	ental unit e	or from the	e general	pul	blic desc	ribadi	in
,	section 170	)(b)(1)(A)(vi). (Comp	oloto Part II.)										
8			section 170(b)(1)(A)(vi).										
9	An organiza	tion that normally re	eceives: (1) more than 33	1/3% of it	s support t	from contr	ibutions, r	nembersh	ip fees, a	and	gross re	ceipts	from
	activities rel	ated to its exempt f	unctions - subject to cert	ain except	ions, and (	2) no mor	e than 33	1/3% of its	s support	t fro	m gross	inves	tment
	income and	unrelated business	taxable income (less sec	tion 511 to	ax) from bu	ısinesses	acquired t	y the orga	anization	afte	er June 3	30, 197	75.
	See section	<b>509(a)(2).</b> (Comple	ete Part III.)										
10	An organiza	tion organized and	operated exclusively to te	est for pub	lic safety.	See <b>sect</b> io	on 509(a)(	4).					
11 [	An organiza	tion organized and	operated exclusively for t	he benefit	of, to perfe	orm the fu	nctions of	, or to car	ry out the	e pu	rposes o	of one	or
	more public	ly supported organi	zations described in sect	ion 509(a)(	(1) or section	on 509(a)(	2). See <b>se</b>	ction 509	(a)(3). Ch	eck	the box	that	
			g organization and comp	lete lines 1	1e through	11h.							
	a L Type				ınctionally				oe III - No				
e	By checking	this box, I certify th	nat the organization is not	t controlled	d directly o	r indirecti	y by one o	r more dis	qualified	per	sons oth	ner tha	ın
	foundation r	managers and other	than one or more publici	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or	sec	ction 509	9(a)(2).	
f			ritten determination from										
	supporting of	organization, check	this box			*****	F*****	******					. 🔲
9	Since Augus	it 17, 2006, has the	organization accepted a	ny gift or c	ontribution	n from any	of the foll	owing per	sons?				
			directly controls, either a									Yes	No
	the gov	erning body of the	supported organization?							••••	11g(i)		
	(ii) A family	member of a person	on described in (i) above?	)			->				11g(ii)		
	(iii) A 35%	controlled entity of	a person described in (i) o	or (il) abov	e?		*****		• • • • • • • • • • • • • • • • • • • •		11g(iii)		<u> </u>
h	Provide the t	following information	n about the supported or	ganization	(s).								
				· <del></del>		r		,		·			
	of supported	(ii) EIN	(III) Type of organization		organization			(vi) is organizati	s the	(vii	) Amouni	t of moi	netary
org	anization		(described on lines 1-9 above or IRC section		sted in your document?		tion in col. r support?	(I) organiz U.S	ed in the			port	•
			(see instructions))		·		r support?		5.?				
				Yes	No	Yes	No	Yes	No				
**-				<u> </u>	ļ				ļ				
		<b>T</b>											
					]								
	-	<u> </u>		ļ	<u> </u>					<u> </u>			
				İ									
										<u> </u>			
								6) (2) (5) <b>(6</b> )					
tal			1	1									

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

Schedule A (Form 990 or 990-EZ) 2012

12-04-12

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

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

ŞΕ	ction A. Public Support						
	endar year (or fiscal year beginning in) 🗠	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,311,236.	5,903,936.	7,230,566.	5,387,306.	5,774,318.	29,607,362.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	j					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,311,236.	5,903,936.	7,230,566.	5,387,306.	5,774,318.	29,607,362.
5	The portion of total contributions						
	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,						
	column (f)						1,744,204.
6	Public support. Subtract line 5 from line 4.						27,863,158.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	5,311,236.	5,903,936.	7,230,566.	5,387,306.		29,607,362.
8	Gross income from interest,					•	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	28,155.	10,930.	12,609.	15,931.	51,073.	118,698.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			İ			
	assets (Explain in Part IV.)	9,832.	6,439.	17,004.	11,433.	14,163.	58,871.
11	Total support. Add lines 7 through 10						29,784,931.
12	Gross receipts from related activities,	etc. (see instructio	ns)	*****		12 8	,174,109.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here				4	<b>&gt;</b>
	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2012 (li	ine 6, column (f) div	rided by line 11, co	lumn (f))	**********	14	93.55 %
	Public support percentage from 2011					15	90.41 %
16a	33 1/3% support test - 2012. If the o						
	stop here. The organization qualifies a	as a publicly suppo	orted organization	***************************************	*******		<b>▶</b> X
þ	33 1/3% support test - 2011. If the o						
	and stop here. The organization quali-	lies as a publicly si	upported organizat	ion		**************************************	<b>&gt;</b>
17a	10% -facts-and-circumstances test	- 2012. If the orga	inization did not ch	eck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fact	ts-and-circumstanc	es" test, check thi	s box and stop he	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances" t	test. The organizati	ion qualifies as a p	ublicly supported	organization	*********************	
b	10% -facts-and-circumstances test	- 2011. if the orga	nization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circun	nstances" test, che	eck this box and s	top here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	umstances" test. T	he organization qu	alifies as a publicl	y supported orga	nization	<b>&gt;</b>
18	Private foundation. If the organization	ndid not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box a	nd see instructions	<b></b>
						dula A (Form 000	

# Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization falled to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and			1,	1	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	1					
	fumished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	Y					
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			_			
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain			-	1		
	or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first, second, this	d, fourth, or fifth to	ax vear as a section	n 501(c)(3) organiz	ation.
	check this box and stop here						
Sec	tion C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2012 (li			column (fi)	***************************************	15	<u> </u>
	Public support percentage from 2011					16	<u>%</u>
Sec	tion D. Computation of Inves	stment Income	e Percentage			<del> </del>	
	Investment income percentage for 20			ne 13, column (fi)		17	%
	Investment income percentage from 2					18	——————————————————————————————————————
	33 1/3% support tests - 2012. If the					1	
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2011. If the						
	ine 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
	12-04-12	_ =.= mot offcon at		a, or root officer to		edule A (Form 99)	

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Name of the organization

THE HELPING UP MISSION, INC.

Employer identification number 52-0635090

100000	THE HELPING UP MISSION, INC.	52-0635090
	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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 fur	
•		
6	are the organization's property, subject to the organization's exclusive legal control?	
٠	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
100	impermissible private benefit?	Yes No
	rt II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	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 in (a)	2c
d		
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
	year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	most and belongs shoot and
-	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	
	conservation easements.	ganization's accounting for
Pai	till Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assats
<u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	olitiliai Assets.
12		
14	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement at	
	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.	
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public seconds and the second seconds are seconds.	rvice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	. • \$
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenues included in Form 990, Part VIII, line 1	
þ	Assets included in Form 990, Part X	<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		PING UP M						52-06	3509	0 Pa	age <b>2</b>
Pa	rt III Organizations Maintaining C	Collections of A	Art, Histor	rical Tr	easures,	or Other	Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other reco	rds, check a	ny of the	following the	at are a sig	nificant	use of its	collection	n item	s
	(check all that apply):										
a			d Lo	an or exc	hange progr	ams					
b			e 🗌 Oti	her							
c											
4	Provide a description of the organization's co							ose in Pa	t XIII.		
5	During the year, did the organization solicit o								_		_
(See co.	to be sold to raise funds rather than to be ma								Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par	<b>gements.</b> Comp rt X, line 21.	lete if the or	ganizatio	n answered	"Yes" to F	orm 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other interme	diary for co	ntribution	ns or other a	ssets not in	rcluded				
	on Form 990, Part X?	******	,		fa****************			<b>.</b> ,,,,, 🗀	Yes	[	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing tab	e:							
									Amount	<u> </u>	
c	•										
	Additions during the year										
e	Distributions during the year										
f	Ending balance	*><:v4346844440*>***			***********		1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the	explanation I	nas been	provided in	Part XIII					<u> </u>
Fe	rt V Endowment Funds. Complete it										
		(a) Current year	(b) Prior	r year	(c) Two yea	rs back (c	i) Three y	ears back	(e) Four	years	back
	Beginning of year balance				-						
	Contributions										
	Net investment earnings, gains, and losses		<u> </u>								
	Grants or scholarships										
G	Other expenditures for facilities					1					
	and programs								ļ		
f	Administrative expenses								ļ		
g	End of year balance										
2	Provide the estimated percentage of the curr			column (a	i)) held as:						
	Board designated or quasi-endowment		%								
	Permanent endowment >										
¢	Temporarily restricted endowment	***************************************									
_	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	ssion of the organia	zation that a	re held a	nd administe	ered for the	organiz	ation	г	- 1	
	by:									Yes	No
	(i) unrelated organizations					**************			. 3a(i)		
	(ii) related organizations	***************************************	**************			*******			. <u>3a(ii)</u>		
_	If "Yes" to 3a(ii), are the related organizations					******	**********		. <b>3</b> b		
0	Describe in Part XIII the intended uses of the VI Land, Buildings, and Equipm								<u> </u>		
- Con-		T T									
	Description of property	(a) Cost or obasis (invest		(b) Cost basis	or other (other)		umulate eciation	d	(d) Booi	< value	<b>}</b> ——
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment	.			_						
	Other				3,058.	2	79,6	33.	14:		25.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Pari	X, column (	B), line 1	O(c).)			<b>&gt;</b>	14:	3,4:	<u> 25.</u>

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 THE HELPING		INC.	52-0635090 Page 3
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) (C)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related. See	F 000 P-4 V 6 4	0	
(a) Description of investment type	(b) Book value	3. (c) Method of valuation: Cost of	r and of year merket value
(1)	(b) DOOK Value	(c) metriod of valuation. Cost c	vi endror-year market value
(2)			
(3)			
(4)			
(5)			
(6)		***************************************	
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 19	5.		
	escription		(b) Book value
(1) SECURITY DEPOSITS			3,100.
(2) DUE FROM HOUSE OF FREEDOM			670,619.
<u>(3)</u>			
(4)			
(5)			
(6)			
(7)			
	***************************************		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1		***************************************	. <b>▶</b> 673,719.
Part X Other Liabilities. See Form 990, Part X, line		0000 And 80000 Million	
(a) Description of liability		b) Book value	
(1) Federal income taxes			
(2) ANNUITIES PAYABLE		22,345.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		<del></del>	
(11)		22 245	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 2	of the feet at a table	22,345.	A
FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of	n are roomote to the org	enization's inancial statements tha	t reports the organization's
llability for uncertain tax positions under FIN 48 (ASC 740	1- OHECK HERE IT THE TEXT	oi the toothote has been provided i	n Part XIII

Schedule D (Form 990) 2012 THE HELPING UP MISSION, INC	2.	52-0635090 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per l	Return
Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants		7 . 1
d Other (Describe in Part XIII.)		<del>-</del>
e Add lines 2a through 2d		20
3 Subtract line 2e from line 1	>> <del>+++&gt;&gt;++++++++++++++++++++++++++++++</del>	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	******************************	
a Investment expenses not included on Form 990, Part VIII, line 7b	1 4-1	
b Other (Describe in Part XIII.)		-
W-treative[ribe: e>pypemeneral(seemable:ribe)namedarracessis(creative)langilanemaphyseum	***************************************	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	WAL F	
Part XII Reconciliation of Expenses per Audited Financial Stateme		
1 Total expenses and losses per audited financial statements		1 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
a Donated services and use of facilities		4 1
b Prior year adjustments		_
c Other losses		4 4
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	······································	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>」</b>
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	**************	5
Part XIII Supplemental Information		
Complete this part to 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 informa	ation.
PART X, LINE 2: THE ORGANIZATION ACCOUNTS FOR	INCOME TAX PRO	OVISIONS IN
ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARD	S BOARD ACCOUNT	TING STANDARDS
	2 201110 11000011	
CONCEPT TOPIC 740-10, ACCOUNTING FOR UNCERTAI	NTY IN INCOME	TAXES WHICH
	MII IN INCOME	TAKEO, WITCH
CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY	TNI WAY DOCTOR	אוס אום
ONALIZED IN DIRECT HOUSE TO ADDRESS ONCERTAINTE	IN IN POSITIO	JNS AND
CLARIFIES THE ACCOUNTING FOR INCOME TAVES BY	DDECCDIDING MU	
CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY	PRESCRIBING THE	E MINIMUM
DECOGNITUTON MUDECUALD & MAY DOCUMENT TO SHOW		
RECOGNITION THRESHOLD A TAX POSITION IS REQUI	RED TO MEET BEI	FORE BEING
DEGOGNITATED THE DELINIOUS CONTROL OF THE PROPERTY OF THE PROP		
RECOGNIZED IN THE FINANCIAL STATEMENTS. THE O	RGANIZATION BEI	LIEVES THAT ITS
T1740177		
INCOME TAX FILING POSITIONS AND DEDUCTIONS WI	LL BE SUSTAINE	D UPON
		Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)
EXAMINATION AND, ACCORDINGLY, HAS NOT RECORDED ANY RESERVES, OR RELATED
ACCRUALS FOR INTEREST AND PENALTIES, AT JUNE 30, 2013 AND 2012 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
GENERAL AND ADMINISTRATIVE EXPENSES IN THE CONSOLIDATED STATEMENT OF
FUNCTIONAL EXPENSES AND STATEMENT OF ACTIVITIES. WITH FEW EXCEPTIONS, THE
ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL INCOME
TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDING BEFORE JUNE 30, 2010.

## **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ➤ See separate instructions.

Open To Public Inspection

Name of the organization				- <u> </u>	Employer ide	ntification number
THE HEI	LPING UP MISSION,	INC.			52-0635	090
Fundraising Activities required to complete this pa	3. Complete if the organization answrt.	vered "\	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written- key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the	e X Solicit  f Solicit g X Specia  or oral agreement with any individual  Part VII) or entity in connection with dividuals or entities (fundraisers) pur	ation of ation of al fundra al (inclue profess	non-g gover alsing ding o ional f	overnment grants imment grants events fficers, directors, true fundraising services?	stees or XYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contrib	Did alser ustody trol of utions?	(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
GRIZZARD COMMUNICATIONS - 110	CONSULTS ON DIRECT MAIL	Yes	No	-		
N. MARYLAND AVE., GLENDALE,	PROGRAM		х	1,146,993.	94,000.	1,052,993.
LEWIS ADVERTISING, INC. 325	CONSULTS ON DIRECT MAIL					
E. OLIVER STREET, BALTIMORE,	PROGRAM		х	168,374.	0.	168,374.
158:10 MEDIA - 10941 SW	CONSULTS ON RADIO					
MATZEN DRIVE, WILSONVILLE, OR	FUNDRAISING PROGRAM		X	95,971.	22,000.	73,971.
GATEWAY COMMUNICATIONS 16805 NE MASON COURT	CONSULTS ON PHONE FUNDRAISING PROGRAM					
				18,497.		18,497.
Total  3 List all states in which the organizatio	on is registered or licensed to solicit	contrib	<b>▶</b> utlons	1,429,835. or has been notified	116,000.	1 , 313 , 835 . gistration
or licensing. MD						

LHA Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

Sc	hedu <b>art</b>	and the second s	he organization answere	SION, INC. ed "Yes" to Form 990, Par	t IV, line 18, or reported	-0635090 Page 2 more than \$15,000
		of fundraising event contributions and g	ross income on Form 99	90-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
o)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Вè	1	Gross receipts	*******			
	2	Less: Contributions			•	
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			( )
D.	int I	Net income summary. Combine line 3, column Gaming. Complete if the organization	n (d), and line 10	- 000 D-+ N/ E 40	<b>&gt;</b>	
		\$15,000 on Form 990-EZ, line 6a.	answered tes to rom	n 990, Part IV, line 19, or r	eported more than	
9			(a) Binno	(b) Pull tabs/instant	/-> CH	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
æ	-4	Characteristics				
	•	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses		, j		
		Volunteer labor	. Yes % . No	Yes % No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	( )
	8	Net gaming income summary. Combine line 1	, column d, and line 7		<b>&gt;</b>	
_						
		er the state(s) in which the organization operat		.1.1.0		
b	If "N	ne organization licensed to operate gaming ac		states?		Yes No
		e any of the organization's gaming licenses re es," explain:		erminated during the tax y	ear?	Yes No
		-				
2082	2 01-0	07-13			Schedule G (For	m 990 or 990-EZ) 2012

Schedule G (Form 990 or 990 EZ) 2012 THE HELPING UP MISSION, INC. 52	2-0635090 Page 3
11 Does the organization operate gaming activities with nonmembers?	
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 operated in:	
a The organization's facility	13a %
<ul> <li>b An outside facility</li> <li>Enter the name and address of the person who prepares the organization's gaming/special events books and records;</li> </ul>	
the flame and address of the person who prepares the organization's gaming/special events books and records:	
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party 🕨 \$	
c if "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name	
Gamlng 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	Yes No
retain the state gaming license?  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 > \$	10
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	s (iii) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	ation (see instructions).
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	PRC.
	THEO'S
	<u> </u>
(I) NAME OF FUNDRAISER: GRIZZARD COMMUNICATIONS	
(I) ADDRESS OF FUNDRAISER: 110 N. MARYLAND AVE., GLENDALE, CA	91206
	-
(I) NAME OF FUNDRAISER: LEWIS ADVERTISING, INC.	
(I) ADDRESS OF FUNDRAISER: 325 E. OLIVER STREET, BALTIMORE, MD	21202
(I) NAME OF FUNDRAISER: I58:10 MEDIA	
	Form 990 or 990-EZ) 2012
Schedule a fr	

Schedule G (Form 990 or 990-EZ) 2012 THE HELPING UP MISSION, INC. 52-0635090 Page 4  Part IV Supplemental Information (continued)
(I) ADDRESS OF FUNDRAISER: 10941 SW MATZEN DRIVE, WILSONVILLE, OR 97070
(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS
(I) ADDRESS OF FUNDRAISER: 16805 NE MASON COURT, PORTLAND, OR 97230
SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE TOTAL AMOUNT PAID TO
GRIZZARD COMUNICATIONS FOR THE YEAR WAS \$732,207 WHICH INCLUDED \$638,207
FOR PRINTING, SIGNAGE AND POSTAGE COSTS RELATED TO DIRECT MAIL
FUNDRAISING. FEES PAID DIRECTLY FOR FUNDRAISING CONSULTATION AMOUNTED TO
\$94,000.
THE TOTAL AMOUNT PAID TO LEWIS ADVERTISING, INC. FOR THE YEAR WAS \$35,011
WHICH WAS ALL FOR PRINTING, SIGNAGE AND POSTAGE COSTS RELATED TO DIRECT
MAIL FUNDRAISING. THERE WERE NO FEES PAID FOR FUNDRAISING CONSULTATION.
THE TOTAL AMOUNT PAID TO 158:10 MEDIA FOR THE YEAR WAS \$69,466 WHICH
INCLUDED \$47,466 FOR RADIO CAMPAIGN COSTS RELATED TO DIRECT RADIO
FUNDRAISING. FEES PAID DIRECTLY FOR FUNDRAISING CONSULTATION AMOUNTED TO
\$22,000.
THE TOTAL AMOUNT PAID TO GATEWAY COMMUNICATIONS FOR THE YEAR WAS \$10,567
WHICH WAS ALL FOR PHONE CAMPAIGN COSTS. THERE WERE NO FEES PAID FOR
FUNDRAISING CONSULTATION.

#### **SCHEDULE J** (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 Complete if the organization answered "Yes" to Form 990. Part IV, line 23.

Open to Public Inspection See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. THE HELPING UP MISSION, INC.

Employer identification number 52-0635090

Schedule J (Form 990) 2012

OMB No. 1545-0047

	art I Questions Regarding Compensation			
4.	Charletha annualists harded Maharra in all	39000000	Yes	No
te	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		60.00	400
	First-class or charter travel Housing allowance or residence for personal us		150.00	2.05
	Travel for companions Payments for business use of personal residence	:e		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees		6.6	
	Discretionary spending account Personal services (e.g., mald, chauffeur, chef)			8
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	41	3 (0) 44 (00)	\$285X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors	<u>1b</u>		-
	trustees, and the CEO/Executive Director recording the items absolutely live 4.0	,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		38866
3	Indicate which if any of the fall and a late of the state			800
-	Indicate which, if any, of the following the filing 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation commit	tee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	40		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
þ	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			F
a	The organization?	6a	storig typica z re	X
b	Any related organization?	6b		X
	If "Yes' to line 6a or 6b, describe in Part III.	P2000000		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	\$2/2003000	(128,60)	2200469560
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
3	Were any amounts reported in 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	8		Х
9	If "Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in	3		
	Regulations section 53.4958-6(c)?	9		
-ΙΔ	Manufacture and the state of th	ichedule J (For		

232111 12-10-12

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 52-0635090

For each individual whose compensation must be reported in 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 are not 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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(a)·(j)(a)	reported as deferred in prior Form 990
(1) ROBERT GEHMAN	8	153,24		0.	0	18,192.	171,439.	0
EXECUTIVE DIRECTOR		0	0.	0	0	0		
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232112				ų C			Schedu	Schedule J (Form 990) 2012

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

OMB No. 1545-6047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE HELPING UP MISSION, INC.

Employer identification number 52-0635090

1000 m	IT I Types of Property						
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(c Method of c noncash contrib	ietermining	
1	Art - Works of art		items contributed	ronn 330, rait viii, line ig			—
2	Art - Historical treasures						
3	Art - Fractional Interests						
4	Books and publications	} <u></u> -		········			
5	Clothing and household goods	Х	<del></del>	608,434.	THRIFT SHO	P VALUE	
6	Cars and other vehicles	ļ		000/2011		* VILLUL	
7	Boats and planes						
8	Intellectual property					······································	
9	Securities - Publicly traded	Х		57,453.	FMV AT DAT	E 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					The state of the s	_
16	Real estate - Commercial					***************************************	-
17	Real estate - Other						_
18	Collectibles						
19	Food inventory	X		1,134,682.	INDUSTRY G	UIDELINES	
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						_
23	Scientific specimens						_
	Archeological artifacts						
	Other ()				**		
	Other ()				***************************************		
	Other ()						
	Other (						
	Number of Forms 8283 received by the organization completed Form 828						
2Λ-	Donday About the Boat State					Yes No	) জেক
3Ua	During the year, did the organization receive by	contribution	n any property rep	orted in Part I, lines 1-28 tha	it it must hold for		
	at least three years from the date of the initial of	ontribution,	and which is not r	equired to be used for exem	pt purposes for		
h	the entire holding period?	************	*********************	*******************************		30a X	200
	Does the organization have a gift acceptance p	alicy that ra	aultae the review :	of any management and and	tions?	V V	<b>XX</b>
32a	Does the organization hire or use third parties of	vralstad an	ciones the testes. Constantes to coli-	it process or call control	MOUST	31 X	_
	contributions?				C. D. Francisco Company Company Company	32a X	
	If "Yes," describe in Part II.						
33	If the organization did not report an amount in o	column (c) fo	r a type of propert	y for which column (a) is ch	ecked,		
	describe in Part II.						

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

Schedule M (Form 990) (2012)

Schedule M	(Form 990) (2012) Supplemental	THE HE	LPING	UP	MISSION	, INC.			52-0635	090	Page 2
Part II	Supplemental the organization is Also complete this	Informati reporting in part for any	i <b>on.</b> Comp Part I, colu additional	olete thi mn (b), informa	s part to provid the number of o tion.	e the inform contribution	nation required is, the number	by Part I, line of items rece	es 30b, 32b, a lived, or a con	nd 33, and obination o	whether f both.
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232142 12-20-12

Schedule M (Form 990) (2012)

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE HELPING UP MISSION, INC.

Employer identification number 52-0635090

FORM 990, PART VI, SECTION B, LINE 11: THE HELPING UP MISSION PROVIDES
INFORMATION FOR THE PREPARATION OF ITS FORM 990 TO AN OUTSIDE ACCOUNTING
FIRM WHICH COMPLETES THE RETURN. THE COMPLETED RETURN IS REVIEWED BY THE
CHIEF FINANCIAL OFFICER AND THEN SUBMITTED TO THE FINANCE COMMITTEE OF THE
BOARD OF DIRECTORS FOR REVIEW, COMMENTS AND APPROVAL. THE FINANCE COMMITTEE
IS AUTHORIZED TO APPROVE THE FORM 990 ON BEHALF OF THE BOARD OF DIRECTORS.
AFTER THE RETURN HAS BEEN APPROVED BY MANAGEMENT, IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE HELPING UP MISSION CURRENTLY
HAS IN PLACE A CONFLICT OF INTEREST POLICY FOR OFFICERS, DIRECTORS AND
MANAGEMENT-LEVEL EMPLOYEES WHICH IT ANNUALLY MONITORS AND ENFORCES. THE
BOARD CURRENTLY MANDATES THAT ALL OFFICERS, DIRECTORS AND MANAGEMENT-LEVEL
EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT UPON JOINING THE
ORGANIZATION AND ARE EXPECTED TO ADHERE TO ITS PRINCIPLES DURING THEIR
TENURE WITH THE ORGANIZATION. ANY MEMBER WHO HAS AN ACTUAL OR POTENTIAL
CONFLICT WILL BE EXPECTED TO REFRAIN FROM VOTING OR PARTICIPATING IN ANY
DECISIONS OR TRANSACTIONS UNTIL SUCH ACTUAL OR POTENTIAL CONFLICT OF
INTEREST NO LONGER EXISTS.

FORM 990, PART VI, SECTION B, LINE 15A: THE GOVERNANCE COMMITTEE OF THE
BOARD OF DIRECTORS IS RESPONSIBLE FOR SETTING THE COMPENSATION OF THE CHIEF
EXECUTIVE OFFICER OF HELPING UP MISSION (EXECUTIVE DIRECTOR). THE COMMITTEE
MAY USE A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO
DETERMINE THAT AN APPROPRIATE AND REASONABLE LEVEL OF COMPENSATION AND
BENEFITS ARE BEING PAID. THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS
PERIODICALLY REVIEWS THE OVERALL COMPENSATION AND BENEFIT LEVELS OF THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

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MANAGEMENT AND GEN	ERAL EXPENSES	0.

FUNDRAISING EXPENSES	1,476.
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TOTAL EXPENSES	126,521.
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#### EQUIPMENT LEASE AND MAINTENANCE:

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MANAGEMENT	GENERAL	EXPENSES
232212	 	

8,812. Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)  Name of the organization  THE HELPING UP MISSION, INC.	Employer identification number 52-0635090
FUNDRAISING EXPENSES	25,467.
TOTAL EXPENSES	93,568.
VEHICLE EXPENSES:	
PROGRAM SERVICE EXPENSES	64,286.
MANAGEMENT AND GENERAL EXPENSES	2,916.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	67,202.
TELEPHONE:	- CAMPAN
PROGRAM SERVICE EXPENSES	39,911.
MANAGEMENT AND GENERAL EXPENSES	8,668.
FUNDRAISING EXPENSES	6,799.
TOTAL EXPENSES	55,378.
PUBLIC AWARENESS:	
PROGRAM SERVICE EXPENSES	41,926.
MANAGEMENT AND GENERAL EXPENSES	97.
FUNDRAISING EXPENSES	5,450.
TOTAL EXPENSES	47,473.
CAMPS:	
PROGRAM SERVICE EXPENSES	46,216.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,216.
BANK CHARGES:	·
32212 11-04-13 32	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990·EZ) (2012) Name of the organization	Page 2 Employer identification number
THE HELPING UP MISSION, INC.	52-0635090
PROGRAM SERVICE EXPENSES	614.
MANAGEMENT AND GENERAL EXPENSES	29,143.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,757.
WOMAN'S PROGRAM:	
PROGRAM SERVICE EXPENSES	852.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	25,000.
TOTAL EXPENSES	25,852.
UTILITIES:	
PROGRAM SERVICE EXPENSES	11,975.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,330.
TOTAL EXPENSES	13,305.
MEMBERSHIPS & SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	6,018.
MANAGEMENT AND GENERAL EXPENSES	5,356.
FUNDRAISING EXPENSES	1,446.
TOTAL EXPENSES	12,820.
SPECIAL EVENTS:	
PROGRAM SERVICE EXPENSES	112.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	10,038.
TOTAL EXPENSES	10,150.
232212 01-04-13 33	Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE HELPING UP MISSION, INC.	Employer identification number 52-0635090
PRINTING, POSTAGE & SHIPPING:	
PROGRAM SERVICE EXPENSES	1,368.
MANAGEMENT AND GENERAL EXPENSES	576.
FUNDRAISING EXPENSES	2,190.
TOTAL EXPENSES	4,134.
ANNUITY INTEREST:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,667.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,667.
UNCOLLECTIBLE PLEDGES:	
PROGRAM SERVICE EXPENSES	1,300.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,300.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 868,606.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE LAST YEAR	

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Name of the organization

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

2012 Open to Public Inspection

OMB No. 1545-0047

INC

THE HELPING UP MISSION,

Employer identification number

52-0635090

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2012 ŝ × × Direct controlling Ύes Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling End-of-year assets N/A N/A e status (if section 170(B)(1)(A) Public charity 501(c)(3)) 509(A)(2) Total income Exempt Code Ē section 501(c)(3) 501(C)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ASSISTANCE TO THE HOMELESS MARYLAND MARYLAND JOB PLACEMENT SERVICES Primary activity Primary activity Name, address, and EIN (if applicable) 43 2012855, 1029 E. BALTIMORE STREET NEW CREATIONS STAFFING SOLUTIONS Name, address, and EIN of related organization of disregarded entity HOUSE OF FREEDOM - 03-0499181 1029 E. BALTIMORE STREET BALTIMORE, MD 21202 BALTIMORE, MD 21202 Parti Part

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

232161 12-10-12 LHA

35

Page 2

Schedule R (Form 990) 2012 THE HELPING UP MISSION, INC.

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

	Som Burns Lucia	יייייייייייייייייייייייייייייייייייייי									
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domirila	(d) Direct controlling	Predomin	1	(f) Share of total	(g) Share of	(h)	(i) Code V-11B1	0	(K)
of related organization		(state or foreign country)	entity	(related, excluded fri sections	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	Ate allocations?	αΩ⊼		managing ownership
Partity Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a rporation or trust durin	is a Corpo ig the tax y	ration or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	omplete if th	e organization (	answered "Yes"	to Form 990, F	art IV, line 34	because it had	one or mor	e related
(a) Name, address, and EIN of related organization	<u>Z</u> 5	Prims	(b) Primary activity	(C) Legal domicile (State or foreign country)	(d) Direct controlling entity	ng Type of entity (C corp, S corp, or frust)		(f) Share of total income	(g) Share of Poend-of-year of assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
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232162 12-10-12				36	100001111111111111111111111111111111111			-	Schedu	le R (Form	Schedule R (Form 990) 2012

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

52-0635090

Schedule R (Form 990) 2012 THE HELPING UP MISSION, INC.

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2		voluproverse and the second se	Yes
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?	ans with one or more	related organizations lister	
a Receipt of (i) Interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			×
b Gift, grant, or capital contribution to related organization(s)			>
		· · · · · · · · · · · · · · · · · · ·	+
d Loans or loan guarantees to or for related organization(s)	***************************************	***************************************	+
A Loans or load attendance by related grannington (a)	***************************	使机造机 医机造类管 医克里耳氏体炎 "这一个老老老老老我的人,你只要有什么是是我们的	у р
c come of total gradultees by leaded digalitzation(s)	***************************************	******************************	X 10
I Ulvidends from related organization(s)	***************************************		×
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)		有的现在分词 化化合物 化甲基苯甲基苯甲基丁基丁 计分类设计 化物物 化化苯甲基化物	A BI
	"我的女子会的者 化异合金 化分离计量 医生态 中枢 化分子 医毒素素素 医电气	***************************************	>
j Lease of facilities, equipment, or other assets to related organization(s)		**	V 1
	化电话记录中分词 医有有医医性溃疡 医骨髓坏疽 医医试验 医皮肤 医骨髓 化二甲磺酚 医甲状腺	4 * * * * * * * * * * * * * * * * * * *	
k Lease of facilities, equipment, or other assets from related organization(s)			*
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		┼-
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)		╀
Sharing of paid employees with related organization(s)	······································	**************	Δ 11 Δ Δ Γ Γ
1	***************************************	***************************************	A 01
p Reimbursement baid to related organization(s) for expenses			6) M
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r Other transfer of cash or property to related organization(s)			
Other transfer of cash or property from related organization(s)	********************************	- 4 4 4 5	Δ 11 V
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 transmission than the contraction.	who must compare	Seravor colocitori adi	21
l	Alactica tentil city	יווס וווופי וווכיתמוות כסגפופי	regions in a sacion in estodos.
Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) HOUSE OF FREEDOM	Ω	670,619.	670,619. FAIR MARKET VALUE OF TRANSACTION
MOUISE OF PREFICE	c	1 060 415	5
3	ر	.C14,000,1	,000,413.FAIR MARKET VALUE OF CONTRIBUTION
(9) NEW CREATIONS STAFFING SOLUTIONS	<b>A</b>	86,956.	FAIR MARKET VALUE OF CONTRIBUTION
(4)		7	
(6)			
(9)			
232163 12-10-12	37		Schedule B (Form 990) 2012

52-0635090

Page 4

Schedule R (Form 990) 2012 THE HELPING UP MISSION, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (c) (d) (d) (d)	(a)	Sion for certain inve	sument partnerships.						
Name, address, and FIN	Driman, activity	(v)	(U)			ε	€	8	3
of entity	funda (milli	(state or foreign	(related, unrelated, 501(c)(3) excluded from tax	•	<u>எ</u>	Dispropor- donate alfocations?	Disproper Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner?	General or managing partner?	Percentage ownership
			Under Section 312-314) Yes No	allioniii ok	assets	Yes No	(Form 1065)	Yes No	
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