

# Return of Organization Exempt From Income Tax

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

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>THE HELPING UP MISSION, INC.</b>		<b>D</b> Employer identification number <b>52-0635090</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>1029 E. BALTIMORE STREET</b>		<b>E</b> Telephone number <b>(410) 675-7500</b>
		City or town, state or country, and ZIP + 4 <b>BALTIMORE, MD 21202</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **N/A**

**G** Website: **WWW.HELPINGUPMISSION.ORG**

**J** Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **4,306,017.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	<b>3,156,315.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>60,247.</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>2,916,562.</b> noncash \$ <b>300,000.</b> )	<b>1d</b>		<b>3,216,562.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>718,896.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>59,334.</b>	
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
	<b>7</b> Other investment income (describe _____)	<b>7</b>			
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		<b>307,880.</b>	<b>8a</b>		
	<b>b</b> Less cost or other basis and sales expenses	<b>262,405.</b>	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>45,475.</b>	<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>STMT 1</b>		<b>45,475.</b>	
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b> Less cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<b>3,345.</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>4,043,612.</b>		
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>1,683,973.</b>		
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>324,821.</b>		
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>893,907.</b>		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	<b>SEE STATEMENT 2</b>	<b>1,143,015.</b>		
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>4,045,716.</b>		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-2,104.</b>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>3,255,629.</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 3</b>	<b>-67,857.</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>3,185,668.</b>		

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above, 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No. If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A.

\*\* SEE STATEMENT 5

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a BASIC MISSION SERVICES - PROVIDE FOOD, SHELTER, COUNSELING AND RECOVERY SERVICES FOR THE NEEDY AND HOMELESS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,383,973.
b THRIFT STORE - SELLS DONATED MERCHANDISE TO THE PUBLIC	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	300,000.
c	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,683,973.

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	517,938.	46	805,169.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48 a Pledges receivable	48a	758,984.	
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		13,545.	53
	54 Investments - securities <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		594,688.	54
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
56 Investments - other		0.	56	
57 a Land, buildings, and equipment: basis	57a	1,757,676.		
b Less: accumulated depreciation <b>STMT 8</b>	57b	665,996.	57c	
58 Other assets (describe <b>SEE STATEMENT 9</b> )		126,973.	58	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		3,834,725.	59	
60 Accounts payable and accrued expenses		113,384.	60	
61 Grants payable			61	
62 Deferred revenue			62	
63 Loans from officers, directors, trustees, and key employees			63	
64 a Tax-exempt bond liabilities			64a	
b Mortgages and other notes payable		380,264.	64b	
65 Other liabilities (describe <b>SEE STATEMENT 10</b> )		85,448.	65	
66 <b>Total liabilities.</b> Add lines 60 through 65)		579,096.	66	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	1,978,058.
	68 Temporarily restricted		68	1,207,610.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)		3,255,629.	73	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		3,834,725.	74	



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 14

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

75c X

Note. Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

b If "Yes," has it filed a tax return on Form 990-T for this year?

N/A

78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

b If "Yes," enter the name of the organization SEE STATEMENT 12

and check whether it is exempt or nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.)

81a 0

b Did the organization file Form 1120-POL for this year?

81b X

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
89 b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed MD
90 b Number of employees employed in the pay period that includes March 12, 2005
91 a The books are in care of ANDY GORODE Telephone no (410) 675-7500
Located at 1029 E. BALTIMORE STREET., BALTIMORE, MD ZIP + 4 21202
91 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
91 c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with 2 columns: Yes, No. Row 91b: Yes, No. Row 91c: Yes, No.

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a PROGRAM FEES					535,388.
b THRIFT STORE			05	183,508.	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	59,334.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	45,475.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a PARKING LOT RENTAL					100.
b VENDING MACHINES					3,245.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		288,317.	538,733.
105 Total (add line 104, columns (B), (D), and (E))					827,050.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	FEES FROM PROGRAM SERVICES DESIGNED TO MEET THE UNIQUE PHYSICAL, PSYCHOLOGICAL, SOCIAL AND SPIRITUAL NEEDS OF THE HOMELESS.
103A	SAME AS ABOVE
103B	SAME AS ABOVE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: 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.

Signature of officer: Robert K. Gehman Date: 10/31/06 Type or print name and title: Robert K. Gehman, Director

Paid Preparer's Use Only: Preparer's signature: Alvin P. Miller Date: 10-24-06 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: MCLEAN, KOEHLER, SPARKS & HAMMOND  
11311 MCCORMICK ROAD, SUITE 100  
HUNT VALLEY, MD 21031

EIN: \_\_\_\_\_ Phone no: 410-296-6200

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

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

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KENNETH HEATER 3 OLD BARN CT, THURMONT, MD 21788	FINANCE DIR 40.00	58,448.	4,980.	
GARY BYERS 6939 MEADOWLAKE ROAD, NEW MARKET, MD	SPIR LIFE DIR 40.00	56,806.	0.	
LUKE MCKUSKER 24 CHAPEL TOWNE CIRCLE, BALTIMORE, MD	FOOD SERVICES 40.00	52,425.	3,780.	
DAVID TURNBAUGH 406 STEVENSON LANE, TOWSON, MD 21204	ADMINISTRATIVE DIR. 40.00	51,475.	8,004.	
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MICHELLE DUFFY ORR 5 TRILLIUM COURT, REISTERSTOWN, MD 21136	FUNDRAISING & CULTIVATING GIFTS	69,996.
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization **▶**  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,685,195.	1,863,690.	1,630,477.	1,793,312.	8,972,674.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	558,256.	548,333.	366,437.	185,094.	1,658,120.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	19,529.	10,228.	7,516.	13,759.	51,032.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	3,643.	3,070.	SEE STATEMENT 13 3,540.	7,953.	18,206.
23 Total of lines 15 through 22	4,266,623.	2,425,321.	2,007,970.	2,000,118.	10,700,032.
24 Line 23 minus line 17	3,708,367.	1,876,988.	1,641,533.	1,815,024.	9,041,912.
25 Enter 1% of line 23	42,666.	24,253.	20,080.	20,001.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 180,838.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 23,162.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 9,041,912.
d Add Amounts from column (e) for lines 18 51,032. 19 22 18,206. 26b 23,162.					26d 92,400.
e Public support (line 26c minus line 26d total)					26e 8,949,512.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.9781%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement )		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations	
		N/A		
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table -	41		
	<b>If the amount on line 40 is -</b>			<b>The lobbying nontaxable amount is -</b>
	Not over \$500,000			20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000			\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000			\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000			\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



2005 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
2	LEASEHOLD IMPROVEMENTS	VARIES		.000	16	15,473.			15,473.	462.		387.
3	EQUIPMENT BUILDING & IMPROVEMENTS	VARIES		.000	16	3,330.			3,330.			28.
4	COMPUTER EQUIPMENT	VARIES		.000	16	1308093.			1308093.	331,487.		37,427.
5	COMPUTER SOFTWARE	VARIES		.000	16	75,003.			75,003.	62,226.		2,349.
6	FURNITURE, FIXTURES & EQUIPMENT	VARIES		.000	16	86,261.			86,261.	57,997.		8,846.
7	LEASED EQUIPMENT	VARIES		.000	16	134,370.			134,370.	84,169.		5,547.
8	VEHICLES	VARIES		.000	16	43,701.			43,701.	10,556.		8,983.
9	* TOTAL 990 PAGE 2 DEPR					1757676.		0.	1757676.	588,869.	0.	77,127.

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FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT    1

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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS PUBLICLY TRADED SECURITIES	307,880.	262,405.	0.	45,475.
TO FORM 990, PART I, LINE 8	<u>307,880.</u>	<u>262,405.</u>	<u>0.</u>	<u>45,475.</u>

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 2

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
HOUSE OF FREEDOM, INC.	1029 E. BALTIMORE STREET, BALTIMORE, MD 21202	
PURPOSE OF PAYMENT		
TO ASSIST AFFILIATE WITH THEIR EXEMPT PURPOSE		1,143,015.
TOTAL TO FORM 990, PART I, LINE 16		1,143,015.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-59,251.
ADJUSTMENT TO PRIOR YEAR UNRESTRICTED ASSETS	-8,606.
TOTAL TO FORM 990, PART I, LINE 20	-67,857.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CULTIVATION AND ACQUISITION RESIDENTS' ALLOWANCE AND ASSISTANCE	553,652.			553,652.
EQUIPMENT LEASE AND MAINTENANCE	4,754.	4,754.		
FOOD PURCHASES	36,783.	23,909.	3,678.	9,196.
INSURANCE	57,840.	57,840.		
PERMITS, LICENSES AND TAXES	50,779.	40,626.	7,781.	2,372.
REPAIRS & MAINTENANCE- BLDG	7,013.	6,728.	285.	
VEHICLE EXPENSES	53,565.	45,534.	5,353.	2,678.
UTILITIES	46,764.	46,764.		
DONATED MERCHANDISE DISTRIBUTION	125,125.	106,357.	12,511.	6,257.
	180,000.	180,000.		

DONATED FOOD DISTRIBUTION	120,000.	120,000.		
PROFESSIONAL & CONTRACTUAL SERVICES	191,088.	18,372.	61,502.	111,214.
ANNUITY INTEREST EXPENSE	2,923.	2,923.		
BANK CHARGES	34,154.		34,154.	
MEMBERSHIPS & SUBSCRIPTIONS	5,490.		5,490.	
BANQUET CAMPS	61,404.	61,404.		
	17,539.	17,539.		
PUBLIC AWARENESS EDUCATIONAL	58,272.	48,034.	2,826.	7,412.
SPECIAL EVENTS	8,595.	8,595.		
	1,637.	1,637.		
TOTAL TO FM 990, LN 43	<u>1,617,377.</u>	<u>791,016.</u>	<u>133,580.</u>	<u>692,781.</u>

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 5  
PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROBERT K. GEHMAN	92,154.			92,154.
A. PROGRAM SERVICES	61,273.			61,273.
B. MANAGEMENT AND GENERAL	14,284.			14,284.
C. FUNDRAISING	16,597.			16,597.
TOTAL PROGRAM SERVICES				61,273.
TOTAL MANAGEMENT AND GENERAL				14,284.
TOTAL FUNDRAISING				16,597.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				92,154.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

EDUCATE AND ENGAGE THE PUBLIC IN PROVIDING HELP FOR THE HOMELESS THROUGH PROGRAMS DESIGNED TO MEET PHYSICAL, PSYCHOLOGICAL, SOCIAL & SPIRITUAL NEEDS

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		289,394.		289,394.
MUTUAL FUNDS	FMV			679,361.	679,361.
TO FORM 990, LINE 54, COL B			289,394.	679,361.	968,755.

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**FORM 990                      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT                      STATEMENT                      8**


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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	15,473.	849.	14,624.
EQUIPMENT	3,330.	28.	3,302.
BUILDING & IMPROVEMENTS	1,308,093.	368,914.	939,179.
COMPUTER EQUIPMENT	75,003.	64,575.	10,428.
COMPUTER SOFTWARE	86,261.	66,843.	19,418.
FURNITURE, FIXTURES & EQUIPMENT	134,370.	89,716.	44,654.
LEASED EQUIPMENT	43,701.	19,539.	24,162.
VEHICLES	91,445.	55,532.	35,913.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>1,757,676.</b>	<b>665,996.</b>	<b>1,091,680.</b>

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**FORM 990    OTHER ASSETS    STATEMENT                      9**


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DESCRIPTION	AMOUNT
SECURITY DEPOSITS	5,000.
DUE FROM HOUSE OF FREEDOM	143,563.
PAYROLL TAX RECEIVABLE	0.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>148,563.</b>

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**FORM 990    OTHER LIABILITIES    STATEMENT                      10**


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DESCRIPTION	AMOUNT
ANNUITIES PAYABLE	61,677.
CAPITAL LEASES PAYABLE	18,136.
DEFERRED GRANT REVENUE	33,000.
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>	<b>112,813.</b>

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT GEHMAN 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	EXEC DIR & BOARD MEMBER 40.00	92,154.	0.	0.
JOHN AMMON 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
STUART ERDMAN 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	PRESIDENT & BOARD MEMBER 0.00	0.	0.	0.
CHRISTINE KAMEEN 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
JIM MCFAUL 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	SECRETARY & BOARD MEMBER 0.00	0.	0.	0.
DAVID MCQUAY 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
RANDY BRASHEARS 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
DEBBIE WOODEN 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	TREASURER & BOARD MEMBER 0.00	0.	0.	0.
MARK VASELKIV 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	VICE PRES & BOARD MEMBER 0.00	0.	0.	0.
SUE TORR 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
STEVEN GUDEMAN 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.

BRUCE MORTIMER 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
CHUCK PIEL 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
EDWARD A. WIESE 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
CHARLES HALLIS 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
WILLIAM HILDEBRAND 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
TRISHA BENTZ 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
ANTHONY KAMEEN, M.D. 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
KEVIN TURNER 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
DAVID B. WOO 1029 EAST BALTIMORE STREET BALTIMORE, MD 21202	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		92,154.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 12  
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
INTERNATIONAL UNION OF GOSPEL MISSIONS	X	
HOUSE OF FREEDOM	X	

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	3,643.	3,070.	3,540.	7,953.
TOTAL TO SCHEDULE A, LINE 22	3,643.	3,070.	3,540.	7,953.