

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury

Internal Revenue Service

For the 2024 calendar year, or tax year beginning 07-01-2024, and ending 06-30-2025

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: HELPING UP MISSION INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 1029 E BALTIMORE STREET Room/suite: City or town, state or province, country, and ZIP or foreign postal code: BALTIMORE, MD 21202

D Employer identification number: 52-0635090 E Telephone number: (410) 675-7500 G Gross receipts \$ 27,752,422

F Name and address of principal officer: K DANIEL STOLTZFUS 1029 E BALTIMORE STREET BALTIMORE, MD 21202

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.HELPINGUPMISSION.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1885 M State of legal domicile: MD

Part I Summary

Table with 3 main sections: 1. Briefly describe the organization's mission or most significant activities: WE PROVIDE A VARIETY OF SERVICES TO PEOPLE EXPERIENCING ADDICTION, POVERTY AND HOMELESSNESS. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a: Summary statistics (voting members, independent members, employees, volunteers, revenue). 7b: Net unrelated business taxable income. 8-12: Revenue (Contributions, program service, investment, other, total). 13-19: Expenses (Grants, benefits, salaries, fundraising, other, total, revenue less expenses). 20-22: Net Assets or Fund Balances (Total assets, total liabilities, net assets).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer K DANIEL STOLTZFUS CHIEF EXECUTIVE OFFICER, Date 2026-01-30. Paid Preparer Use Only: Firm name FITZPATRICK LEARY & SZARKOLLC, Firm's EIN 46-2982708, Firm's address 1447 YORK ROAD STE 703 LUTHERVILLE, MD 21093.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 services? Yes 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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 16,390,662 including grants of \$) (Revenue \$ 3,699,542)

HELPING UP MISSION, INC. (HUM), FOUNDED IN 1885, IS A FAITH-BASED, NON-SECTARIAN CHRISTIAN ORGANIZATION THAT OFFERS HOLISTIC SOLUTIONS TO MEN AND WOMEN FACING ADDICTION, HOMELESSNESS AND POVERTY. OUR MISSION IS TO TRANSFORM THE LIVES AND RESTORE HOPE TO THOSE SUFFERING FROM ADDICTION AND POVERTY BY HARNESSING THE POWER OF FAITH, SCIENCE AND COMMUNITY. EVERY PERSON WHO COMES THROUGH OUR DOORS IS TREATED WITH DIGNITY AND RESPECT, REGARDLESS OF RACE, RELIGION, GENDER, OR BACKGROUND. WE CARRY OUT OUR MISSION THROUGH TRANSFORMATIVE RESIDENTIAL PROGRAMS DESIGNED TO MEET THEIR INDIVIDUAL PHYSICAL, PSYCHOLOGICAL, SOCIAL AND SPIRITUAL NEEDS. HUM'S 735-BED URBAN CAMPUS PROVIDES A WELCOMING ENVIRONMENT THAT INCLUDES CHAPELS, MENTAL HEALTH COUNSELING ROOMS, MEDICAL CLINICS, CLASSROOMS, COMPUTER LABS, COMMERCIAL KITCHENS, WORKFORCE DEVELOPMENT AND JOB TRAINING AREAS, ARTS AND MUSIC CENTERS, GYMS AND RECREATIONAL AREAS - ALL DESIGNED TO SUPPORT LASTING RECOVERY AND RESTORED LIVES. HELPING UP MISSION, INC. (HUM) IS A TAX-EXEMPT PUBLIC CHARITY AND IS PREDOMINANTLY SUPPORTED BY DONATIONS FROM THOUSANDS OF INDIVIDUALS, CHURCHES, COMMUNITY ORGANIZATIONS, CORPORATIONS, AND FOUNDATIONS. AS A NON-PROFIT ORGANIZATION, HUM IS NOT PRIMARILY FUNDED BY THE STATE OR FEDERAL GOVERNMENT OR INSURANCE, BUT RATHER, DEPENDS ENTIRELY ON THE GENEROSITY OF PEOPLE WILLING TO GIVE ADDICTED AND HOMELESS PEOPLE A CHANCE AT RECOVERY AND RESTORED LIVES. EMERGENCY OVERNIGHT GUEST SERVICES (OGS) IS THE HISTORICAL FOUNDATION OF HUM, DATING BACK TO OUR BEGINNING IN 1885. EACH DAY, HOMELESS MEN ARE WELCOMED INTO A SAFE AND CARING ENVIRONMENT WHERE THEY RECEIVE HOT MEALS, NEW CLOTHING, TOILETRIES, AND ACCESS TO PRIVATE SHOWERS. MORE IMPORTANTLY, THEY HEAR A MESSAGE OF HOPE - THAT REAL AND LASTING CHANGE IS POSSIBLE. THE OVERNIGHT GUESTS ARE SERVED BY AND INTERACT WITH CURRENT CLIENTS IN OUR 12-MONTH SPIRITUAL RECOVERY PROGRAM (SRP) OFFERING LIVING PROOF THAT TRANSFORMATION CAN HAPPEN. MANY GUESTS ARE INSPIRED TO JOIN THE YEAR-LONG RECOVERY PROGRAM THEMSELVES. IN 1994, HUM STARTED A FREE RESIDENTIAL 12-MONTH SPIRITUAL RECOVERY PROGRAM (SRP) PROVIDING TRANSFORMATIVE HELP, HOPE, ANSWERS, AND EMPOWERMENT TO MEN SUFFERING FROM ADDICTION, HOMELESSNESS AND POVERTY. THIS HAS BECOME THE CORNERSTONE PROGRAM OF HUM AND SERVES ABOUT 290 RESIDENTIAL CLIENTS DAILY. THE SRP IS A MULTIFACETED, HOLISTIC, INTEGRATED, 12-MONTH, RESIDENTIAL PROGRAM DESIGNED TO PROMOTE LONG-TERM RECOVERY FOR HOMELESS PEOPLE WITH SEVERE DRUG AND/OR ALCOHOL RELATED SUBSTANCE ABUSE ISSUES BY HARNESSING THE POWER OF FAITH, SCIENCE AND COMMUNITY. HUM COMBINES THE VERY BEST CLINICAL PROFESSIONAL MENTAL HEALTH CARE (EMBEDDED COUNSELORS FROM JOHNS HOPKINS HOSPITAL) AND THE VERY BEST PROFESSIONAL PASTORAL CARE AND SETS THESE SERVICES IN A 12-STEP ORIENTED PEER RECOVERY COMMUNITY, FOSTERING A RESTORATIVE CULTURE OF WELLNESS AND HEALING. THE SRP FOCUSES ON FOUR KEY AREAS TO SUPPORT A MATURE, PRODUCTIVE LIFE: PHYSICAL, PSYCHOLOGICAL, SPIRITUAL AND SOCIAL. THE SRP PROVIDES PARTICIPANTS WITH THE TOOLS NECESSARY TO OVERCOME ADDICTION, REESTABLISH HEALTHY RELATIONSHIPS, REDISCOVER PURPOSE AND RETURN TO THEIR COMMUNITIES AS PRODUCTIVE, CONTRIBUTING MEMBERS. IN 2016, HUM BEGAN PROVIDING RECOVERY PROGRAMS AND SERVICES TO WOMEN IN NEED AND IN 2022 COMPLETED CONSTRUCTION OF A STATE-OF-ART 250-BED CENTER FOR WOMEN AND CHILDREN. HUM EXPANDED ITS SERVICES AT THAT TIME BY 50% TO HELP WOMEN AND CHILDREN EXPERIENCING ADDICTION, HOMELESSNESS AND POVERTY. IN 2023, HUM ESTABLISHED A PARTNERSHIP WITH JOHNS HOPKINS BAYVIEW MEDICAL COMPREHENSIVE ADDICTION AND PREGNANCY PROGRAM TO CARE FOR PREGNANT WOMEN AND THEIR BABIES EXPERIENCING ADDICTION. FOLLOWING GRADUATION FROM THE SRP, HUM'S GRADUATE TRANSITIONAL HOUSING PROGRAM (GTHP) IS AN IMPORTANT NEXT STEP IN THE TRANSFORMATIVE PROCESS. IN THIS PROGRAM, FORMERLY HOMELESS PEOPLE LIVE IN HOUSING THAT PREPARES THEM TO RE-ENTER THE COMMUNITY AS PRODUCTIVE MEMBERS. THE "HEART" OF THIS PROGRAM IS TO PROVIDE GRADUATES WITH A SAFE, ENCOURAGING, MUTUALLY ACCOUNTABLE, SOBER, SUPPORTIVE AND SPIRITUALLY NURTURING ENVIRONMENT WHILE THEY WORK OR ATTEND SCHOOL. BY LIVING WITHIN A THERAPEUTIC COMMUNITY, AND GRADUALLY GROWING IN RESPONSIBILITY AND LIFE-SKILLS, CLIENTS ARE BETTER EQUIPPED TO REGAIN THEIR INDEPENDENCE - AND KEEP IT. HERE, EACH PERSON IS KNOWN BY HIS "NEIGHBORS", ENCOURAGED AND HELD ACCOUNTABLE TO THE SOBER STANDARD OF LIVING ESTABLISHED IN THE SRP. IN ADDITION, THERE ARE SEVERAL OTHER PROGRAMS AT HUM THAT FILL OUT THE REST OF THE AVAILABLE BEDS. PROGRAMS WITH OTHER PARTNER ORGANIZATIONS SUCH AS JOHNS HOPKINS HOSPITAL, THE VETERANS ADMINISTRATION AND LOCAL HOSPITALS PROVIDE OUTPATIENT RECOVERY HOUSING AND EMERGENCY ROOM DIVERSION PROGRAMS TO PEOPLE IN NEED. HUM'S WORK IS EVIDENCE-BASED, OUTCOMES-DRIVEN AND ROOTED IN RESEARCH. WE MEASURE GROWTH IN CLIENTS USING THE "PROGRESS TO LIFE TRANSFORMATION MATRIX" WHICH IS MODELED AFTER THE NATIONALLY UTILIZED AND RESEARCH VALIDATED TOOL FOR CASE MANAGEMENT KNOWN AS THE SELF-SUFFICIENCY MATRIX. OUTCOMES ARE ACCOMPLISHED BY PROVIDING A COMPREHENSIVE ARRAY OF RESIDENTIAL PROGRAMS AND ON-SITE WRAP-AROUND SUPPORTIVE SERVICES THROUGH AN EXTENSIVE INTEGRATED NETWORK OF STRATEGIC COMMUNITY PARTNERSHIPS. THE 300,000+ SQUARE FOOT CAMPUS ENCOMPASSES 735 BEDS IN SEVERAL DISTINCTIVE PROGRAMS AT HUM, WHICH INCLUDE: - YEAR-LONG SPIRITUAL RECOVERY PROGRAM FOR MEN & WOMEN (400 BEDS) - GRADUATE TRANSITIONAL HOUSING PROGRAM (140 BEDS) - JOHNS HOPKINS INTENSIVE OUTPATIENT RECOVERY PROGRAM FOR MEN & WOMEN (52 BEDS) - EMERGENCY OVERNIGHT GUEST SERVICES PROGRAM (45 BEDS) - JOHNS HOPKINS BAYVIEW CENTER FOR ADDICTION & PREGNANCY (30 BEDS) - VETERANS ADMINISTRATION OUTPATIENT RECOVERY PROGRAM FOR MEN & WOMEN (23 BEDS) - SEMI-PERMANENT SUPPORTIVE HOUSING PROGRAM (25 BEDS) - JOHNS HOPKINS BAYVIEW, UNIVERSITY OF MARYLAND MEDICAL SYSTEM AND ASCENCION ST. AGNES HOSPITALS' "NEXT STEP" EMERGENCY ROOM DIVERSION PROGRAM FOR MEN & WOMEN (20 BEDS) HUM SERVES A DIVERSE GROUP OF CLIENTELE WHOSE AVERAGE DEMOGRAPHICS ARE: - 43 YEARS OF AGE - 19 YEARS OF ACTIVE ADDICTION - 56% HAVE EXPERIENCED INCARCERATION, AVERAGING 30 MONTHS OF JAIL TIME SERVED - 31% DO NOT HAVE A HIGH SCHOOL DIPLOMA - DIVERSE RACIAL AND SOCIO-ECONOMIC BACKGROUNDS-HERE IS THE RACIAL BREAKDOWN: - BLACK, AFRICAN-AMERICAN OR AFRICA-BORN (44%) - CAUCASIAN (37%) - HISPANIC/LATINO (14%) - OTHER RACE, ETHNICITY OR ORIGIN (1%) - NATIVE AMERICAN, AMERICAN INDIAN OR ALASKAN NATIVE (1%) - ASIAN OR ASIAN AMERICAN (1%) - MIXED/MULTI-RACIAL (2%) - 49% COME FROM BALTIMORE CITY, 12% FROM BALTIMORE COUNTY, 39% ELSEWHERE - MOST HAVE EXPERIENCED DOMESTIC VIOLENCE OR TRAUMA GROWING UP APPROXIMATELY 65% OF THE HUM STAFF IS COMPRISED OF PROGRAM GRADUATES. THIRTY BEDS ARE ALLOCATED TO SELECT MEMBERS OF THAT STAFF, WHO LIVE ON SITE. THIS HELPS TO MAINTAIN THE RECOVERY CULTURE AND STRENGTHEN THE SAFE, ENCOURAGING, AND THERAPEUTIC ENVIRONMENT FOR THE RESIDENTIAL CLIENTS. HELPING UP MISSION PARTNERS WITH A LARGE NETWORK OF COMMUNITY ORGANIZATIONS TO DELIVER A COMPREHENSIVE, WRAP-AROUND AND HOLISTIC RANGE OF SERVICES WHICH INCLUDE: - SPIRITUAL DEVELOPMENT & PASTORAL COUNSELING - TRAUMA-INFORMED RECOVERY COUNSELING - CLINICAL MENTAL HEALTH COUNSELING - CLINICAL SUBSTANCE ABUSE COUNSELING - 12-STEP SUBSTANCE ABUSE RECOVERY PROGRAMS & MEETINGS - ON-SITE PRIMARY HEALTHCARE - DENTAL CARE - EDUCATIONAL ADVANCEMENT (GED/EDP) AND TUTORING - VOCATIONAL PROGRAMS AND CERTIFICATIONS - VITAL DOCUMENTS PROCUREMENT - LEGAL EXPUNGEMENT CLINICS - FINANCIAL LITERACY - COMPUTER LITERACY - MENTORING - WORK THERAPY - ART & MUSIC THERAPY - EQUINE THERAPY - EXERCISE AND RECREATIONAL ACTIVITIES - OVERNIGHT RETREATS, CAMPING TRIPS, ETC. HELPING UP MISSION, INC. PARTNERS INCLUDE (BUT ARE NOT LIMITED TO): - JOHNS HOPKINS HOSPITAL AND HEALTH SYSTEMS - JOHNS HOPKINS BAYVIEW MEDICAL CENTER - JOHNS HOPKINS CENTER FOR ADDICTION AND PREGNANCY - JOHNS HOPKINS UNIVERSITY - JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH - JOHNS HOPKINS CAREY SCHOOL OF BUSINESS - GREATER BALTIMORE MEDICAL CENTER - GREATER BALTIMORE MEDICAL CENTER DEPARTMENT OF OPHTHALMOLOGY - GREATER BALTIMORE MEDICAL CENTER DEPARTMENT OF AUDIOLOGY - BALTIMORE OFFICE OF OVERDOSE RESPONSE - MARYLAND OFFICE OF OVERDOSE RESPONSE - COMMUNITY HEALTH RESOURCES COMMISSION - UNIVERSITY OF MARYLAND SCHOOL OF DENTISTRY - UNIVERSITY OF MARYLAND MEDICAL SYSTEM - ASCENCION ST. AGNES HOSPITAL - U.S. DEPARTMENT OF VETERAN AFFAIRS - BALTIMORE CITY MAYOR'S OFFICE OF HOMELESS SERVICES - BALTIMORE CITY DEPARTMENT OF SOCIAL SERVICES - BALTIMORE CITY/COUNTY OFFICE OF CHILD SUPPORT ENFORCEMENT - TOWSON UNIVERSITY DEPARTMENT OF NURSING

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

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

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

4e Total program service expenses 16,390,662

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing schedules A through H, and reporting on various activities and assets.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Main form area containing questions 2a through 17, including sub-questions like 2b, 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17. Includes a table with columns for question numbers and Yes/No responses.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL T BURNS 1029 E BALTIMORE ST BALTIMORE, MD 21202 (410) 675-7500

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) K DANIEL STOLTZFUS CHIEF EXECUTIVE OFFICER	40.00 2.00	X		X			204,726	0	35,663
(2) CHARLES R PIEL SECRETARY/DIRECTOR	2.00 2.00	X		X			0	0	0
(3) MARY A LASHLEY PHD APRN RN BC DIRECTOR	2.00 2.00	X					0	0	0
(4) ROBERT FOHLER DIRECTOR	2.00 2.00	X					0	0	0
(5) MATTHEW BAUER TREASURER/DIRECTOR	2.00 2.00	X		X			0	0	0
(6) STUART A ERDMAN DIRECTOR	2.00 2.00	X					0	0	0
(7) KEITH W HISS DIRECTOR	2.00 2.00	X					0	0	0
(8) CHARLES E KNUDSEN PRESIDENT/DIRECTOR	2.00 2.00	X		X			0	0	0
(9) DEMETRIE GARNER DIRECTOR	2.00 2.00	X					0	0	0
(10) MICHAEL STITCHER DIRECTOR	2.00 2.00	X					0	0	0
(11) JUSTIN WENGER DIRECTOR	2.00 2.00	X					0	0	0
(12) GAYLE KELLY VICE PRESIDENT	2.00 2.00	X		X			0	0	0
(13) JENNIFER NICKOLES DIRECTOR	2.00 2.00	X					0	0	0
(14) MICHAEL T BURNS CHIEF FINANCIAL OFFICER	40.00 2.00			X			221,099	0	26,904
(15) JENNIFER BEDON CHIEF PHILANTHROPY OFFICER	40.00 2.00					X	152,677	0	1,134
(16) SKY WOODWARD CHIEF ADMINISTRATIVE OFFIC	40.00 2.00					X	140,993	0	26,883
(17) BRENT JONES SENIOR DIRECTOR OF MENS PROGRAMS	40.00 2.00					X	134,083	0	16,678

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Michael Rallo, Pamela Wilkerson, and Robert K Gehman.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Total compensation values: 1,287,493 and 166,965.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting and unrelated compensation.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a header row and several empty rows.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c		
d Related organizations		1d		
e Government grants (contributions)		1e	2,030,092	
f All other contributions, gifts, grants, and similar amounts not included above		1f	12,148,590	
g Noncash contributions included in lines 1a - 1f:\$		1g	2,894,849	
h Total. Add lines 1a-1f				14,178,682

Program Service Revenue		Business Code	(A)	(B)	(C)	(D)
2a OVERNIGHT, DAY AND SUPPORT SERVIC		900099	1,884,561	1,884,561		
b PROGRAM FEES		900099	1,789,993	1,789,993		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			3,674,554			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,308,585			1,308,585	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	6a	179,490				
			6b Less: rental expenses	0				
		(ii) Personal	6c	179,490				
		d Net rental income or (loss)			179,490			179,490
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	8,282,556				
			7b Less: cost or other basis and sales expenses	8,051,857				
		(ii) Other	7c	230,699				
		d Net gain or (loss)			230,699			230,699
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a		103,567			
			8b Less: direct expenses		19,892			
		c Net income or (loss) from fundraising events			83,675			83,675
	9a Gross income from gaming activities. See Part IV, line 19		9a					
9b Less: direct expenses								
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances		10a						
		10b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory							

Other Revenue Misc Amt		Business Code	(A)	(B)	(C)	(D)
11a OTHER INCOME		900099	13,954	13,954		
b VENDING MACHINES		900099	11,034	11,034		
c						
d All other revenue						
e Total. Add lines 11a-11d			24,988			
12 Total revenue. See instructions			19,680,673	3,699,542	0	1,802,449

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	480,064	380,547	43,926	55,591
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,644,960	4,459,144	514,452	671,364
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	114,016	82,166	14,478	17,372
9 Other employee benefits	1,252,339	1,017,708	113,267	121,364
10 Payroll taxes	427,505	337,858	38,240	51,407
11 Fees for services (non-employees):				
a Management				
b Legal	22,626	2,404	20,222	
c Accounting	48,201		48,201	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	292,659			292,659
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	186,711	153,380	33,331	
12 Advertising and promotion	314,830	855		313,975
13 Office expenses	120,543	91,709	27,088	1,746
14 Information technology	95,972	90,975	2,498	2,499
15 Royalties				
16 Occupancy	1,061,723	1,061,723		
17 Travel	132,482	102,893	21,075	8,514
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,671	38,773	24,449	6,449
20 Interest	155,475	155,047	428	
21 Payments to affiliates	2,500,260	2,500,260		
22 Depreciation, depletion, and amortization	307,132	276,418	15,357	15,357
23 Insurance	235,064	164,545	70,519	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CULTIVATION AND ACQUISI	1,635,931	4,575	762	1,630,594
b DONATED FOOD DISTRIBUTI	1,528,794	1,528,794		
c KITCHEN	1,165,442	1,165,040	402	
d DONATED MERCHANDISE DIS	1,163,513	1,163,513		
e All other expenses	1,929,467	1,612,335	147,017	170,115
25 Total functional expenses. Add lines 1 through 24e	20,885,380	16,390,662	1,135,712	3,359,006
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	28,435	1	3,089
	2 Savings and temporary cash investments	2,594,270	2	2,172,289
	3 Pledges and grants receivable, net	850,500	3	1,093,398
	4 Accounts receivable, net	132,180	4	262,681
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	8,972,500	7	8,972,500
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	41,373	9	72,240
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,809,053		
	b Less: accumulated depreciation	10b 1,461,126	1,554,267	10c 1,347,927
	11 Investments—publicly traded securities	19,239,391	11	18,850,363
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,589,450	15	16,433,395
16 Total assets: Add lines 1 through 15 (must equal line 33)	49,002,366	16	49,207,882	
Liabilities	17 Accounts payable and accrued expenses	683,170	17	940,798
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,690,967	23	5,558,197
	24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	18,547,455	25	19,862,251	
26 Total liabilities. Add lines 17 through 25	24,921,592	26	26,361,246	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,781,967	27	16,135,312
	28 Net assets with donor restrictions	7,298,807	28	6,711,324
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	24,080,774	32	22,846,636
33 Total liabilities and net assets/fund balances	49,002,366	33	49,207,882	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,680,673
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,885,380
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,204,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,080,774
5	Net unrealized gains (losses) on investments	5	18,373
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-47,804
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	22,846,636

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

Name of the organization
HELPING UP MISSION INC

Employer identification number
52-0635090

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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 exempt 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)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	14,190,630	20,625,932	12,347,448	10,916,527	14,178,682	72,259,219
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	14,190,630	20,625,932	12,347,448	10,916,527	14,178,682	72,259,219
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						2,433,572
6 Public support. Subtract line 5 from line 4.						69,825,647

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	14,190,630	20,625,932	12,347,448	10,916,527	14,178,682	72,259,219
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	630,618	905,816	1,117,990	996,116	1,488,075	5,138,615
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,624	10,593	249,479	31,726	24,988	325,410
11 Total support. Add lines 7 through 10						77,723,244
12 Gross receipts from related activities, etc. (see instructions)					12	16,134,857

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	89.840 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	90.610 %

- 16a 33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 1 Gifts, grants, contributions, and membership fees received, 2 Gross receipts from admissions, merchandise sold or services performed, 3 Gross receipts from activities that are not an unrelated trade or business under section 513, 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf, 5 The value of services or facilities furnished by a governmental unit to the organization without charge, 6 Total. Add lines 1 through 5, 7a Amounts included on lines 1, 2, and 3 received from disqualified persons, b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year, c Add lines 7a and 7b., 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 9 Amounts from line 6., 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources, b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975, c Add lines 10a and 10b., 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on, 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.), 13 Total support. (Add lines 9, 10c, 11, and 12.), 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests—2024. Row b: 33 1/3% support tests—2023. Row 20: Private foundation.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?

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

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

	Yes	No
1		
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

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

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

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Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 HELPING UP MISSION INC

Employer identification number
 52-0635090

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
HELPING UP MISSION INC

Employer identification number
52-0635090

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
HELPING UP MISSION INC

Employer identification number

52-0635090

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Open to Public Inspection

Name of the organization
HELPING UP MISSION INC

Employer identification number

52-0635090

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		592,852	361,288	231,564
d Equipment				
e Other		2,216,201	1,099,838	1,116,363
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,347,927

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	2,800
(2) RIGHT OF USE ASSET, OPERATING LEASE	16,414,240
(3) CONSTRUCTION IN PROGRESS	16,355
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	16,433,395

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITIES PAYABLE	33,968
OPERATING LEASE LIABILITIES	19,828,283
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	19,862,251

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION ACCOUNTS FOR INCOME TAX PROVISIONS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CONCEPT TOPIC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS AND DEDUCTIONS WILL BE SUSTAINED UPON EXAMINATION AND, ACCORDINGLY, HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES, AT JUNE 30, 2025 AND 2024 FOR UNCERTAIN INCOME TAX POSITIONS. THE ORGANIZATION CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS. THE ORGANIZATION HAS ADOPTED A POLICY UNDER WHICH, IF REQUIRED TO BE RECOGNIZED IN THE FUTURE, WILL CLASSIFY INTEREST RELATED TO THE UNDERPAYMENT OF INCOME TAXES AS A COMPONENT OF INTEREST EXPENSE, AND WILL CLASSIFY ANY RELATED PENALTIES IN ADMINISTRATIVE AND GENERAL EXPENSES IN THE CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES AND CONSOLIDATED STATEMENTS OF ACTIVITIES. THE ORGANIZATION BELIEVES THEY ARE SUBJECT TO INCOME TAX ELIMINATIONS BY TAX AUTHORITIES FOR THE CURRENT YEAR AND THE LAST THREE YEARS.

Additional Data

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Software ID:
Software Version:

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on 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.

Open to Public Inspection

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

Name of the organization
HELPING UP MISSION INC

Employer identification number
52-0635090

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 BREWER DIRECT 800 ROYAL OAKS DR MONROVIA, CA 91016	DIRECT MAIL		No	3,332,124	1,218,225	2,113,899
2 KM PRINTING 11195 DOLFIELD ROAD OWINGS MILLS, MD 21117	MAIL PROGRAM		No	610,812	187,532	423,280
3 RKD GROUP LLC PO BOX 843595 DALLAS, TX 75284	DIRECT MAIL		No	243,741	496,614	-252,873
4 MFM RESOURCES INC 3901 EAST PARIS AVE GRAND RAPIDS, MI 49512	PLANNED GIVING		No	70,840	52,907	17,933
5 GATEWAY COMMUNICATIONS 16805 NE MASON COURT PORTLAND, OR 97230	PHONE CAMPAIGN		No	69,645	38,402	31,243
6 PEABODY PRESS 601 N POINT BLVD BALTIMORE, MD 21237	MAIL PROGRAM		No	0	44,078	0
7 NIMBLE CONNECT 3550 LENOX ROAD NE 21ST FL ATLANTA, GA 30326	DONOR CULTIVATION		No	0	12,583	0
8 CLAUDE GRIZZARD 338 HARBOR VILLAGE POINT PALM COAST, FL 32137	DONOR CULTIVATION		No	0	30,000	0
9 ALEXANDER N STAVARZ III 3867 WEST MARKET ST AKRON, OH 44333	DONOR CULTIVATION		No	0	92,277	0
10 DICKERSON BAKKER & ASSOCIATES LLC PO BOX 98685 RALEIGH, NC 27624	DIRECT MAIL & DIGITAL MEDIA PROGRAMS		No	0	67,092	0
Total				4,327,162	2,239,710	2,333,482

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

MD, FL

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>BENEFIT DINNER</u> (event type)	<u>GOLF OUTING</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,225	102,342		103,567
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1,225	102,342		103,567
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		13,527		13,527
	7 Food and beverages		2,589		2,589
	8 Entertainment				
	9 Other direct expenses		3,776		3,776
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				19,892
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				83,675	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Instructions. Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE TOTAL AMOUNT PAID TO NIMBLE CONNECT WAS \$12,583 FOR A DONOR CULTIVATION PROGRAM. THE TOTAL AMOUNT PAID TO CLAUDE GRIZZARD FOR THE YEAR WAS \$30,000 WHICH WAS ALL PAID FOR DONOR CULTIVATION CONSULTING. THE TOTAL PAID TO BREWER DIRECT FOR THE YEAR WAS \$1,218,225, WHICH INCLUDED \$842,848 FOR PRINTING, SIGNAGE, DIGITAL MEDIA, AND POSTAGE COSTS RELATED TO DIRECT MAIL FUNDRAISING, AS WELL AS WEBSITE MAINTENANCE COSTS OF \$9,240, AND \$289,952 FOR ADVERTISING. FEES PAID DIRECTLY FOR FUNDRAISING CONSULTATION AMOUNTED TO \$76,180. THE TOTAL AMOUNT PAID TO MFM RESOURCES FOR THE YEAR WAS \$52,907 WHICH INCLUDED \$3,234 FOR POSTAGE AND \$49,673 FOR CULTIVATION CONSULTING IN PLANNED GIVING. THE TOTAL AMOUNT PAID TO PEABODY PRESS FOR THE YEAR WAS \$44,078 WHICH WAS ALL FOR PRINTING, SUPPLIES, AND POSTAGE COSTS RELATED TO DIRECT MAIL FUNDRAISING. THERE WERE NO FEES PAID FOR FUNDRAISING CONSULTATION. THE TOTAL AMOUNT PAID TO GATEWAY COMMUNICATIONS FOR THE YEAR WAS \$38,402 WHICH WAS ALL FOR PHONE CAMPAIGN COSTS. THERE WERE NO FEES PAID FOR FUNDRAISING CONSULTATION. THE TOTAL AMOUNT PAID TO KM PRINTING FOR THE YEAR WAS \$187,532 ALL FOR PRINTING, SUPPLIES AND POSTAGE COSTS RELATED TO DIRECT MAIL FUNDRAISING. THERE WERE NO FEES FOR CONSULTATION. THE TOTAL AMOUNT PAID TO DICKERSON, BAKKER, & ASSOCIATES WAS \$67,092 WHICH INCLUDED \$29,346 FOR DIGITAL MEDIA SERVICES, \$5,800 FOR ADVERTISING AND PROMOTION AND \$31,946 FOR DIRECT MAIL CULTIVATION CONSULTING. THE TOTAL AMOUNT PAID TO RKD GROUP, LLC FOR THE YEAR WAS \$496,614 WHICH WAS ALL FOR PRINTING, SUPPLIES AND POSTAGE RELATED TO DIRECT MAIL FUNDRAISING. THERE WERE NO FEES PAID FOR CONSULTING. THE TOTAL AMOUNT PAID TO ALEXANDER N STAVARZ III FOR THE YEAR WAS \$92,277 WHICH WAS ALL FOR DONOR CULTIVATION CONSULTING.

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HELPING UP MISSION INC

Employer identification number
52-0635090

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)
--	--

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

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

3 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.

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee
<input type="checkbox"/> Independent compensation consultant
<input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Approval by the board or compensation committee |
|---|--|

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL T BURNS CHIEF FINANCIAL OFFICER	(i)	221,099	0	0	0	26,904	248,003	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 K DANIEL STOLTZFUS CHIEF EXECUTIVE OFFICER	(i)	204,726	0	0	0	35,663	240,389	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 ROBERT K GEHMAN PRESIDENT EMERITUS	(i)	174,720	0	4,800	0	11,945	191,465	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 SKY WOODWARD CHIEF ADMINISTRATIVE OFFIC	(i)	140,993	0	0	0	26,883	167,876	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 JENNIFER BEDON CHIEF PHILANTHROPY OFFICER	(i)	152,677	0	0	0	1,134	153,811	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 MICHAEL RALLO DIRECTOR OF SPIRITUAL LIFE	(i)	117,778	0	0	0	35,439	153,217	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 BRENT JONES SENIOR DIRECTOR OF MENS PROGRAMS	(i)	134,083	0	0	0	16,678	150,761	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	CHIEF EXECUTIVE OFFICER POSITION IS REVIEWED BY EXECUTIVE COMMITTEE ANNUALLY AND COMPENSATION CHANGES ARE APPROVED.

Additional Data

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Software ID:

Software Version:

Noncash Contributions

2024

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
HELPING UP MISSION INC

Employer identification number

52-0635090

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,163,513	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X		202,542	FMV AT DATE OF GIFT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		1,528,794	INDUSTRY GUIDELINES
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
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Additional Data

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Software Version:

SCHEDULE O
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
HELPING UP MISSION INC

Employer identification number

52-0635090

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	(CONTINUED FROM ABOVE) - SCHOOL OF PHARMACY AT NOTRE DAME AT MARYLAND UNIVERSITY - MARYLAND HEALTH CONNECTION - HEALTHCARE FOR THE HOMELESS - HEALTHCARE ACCESS MARYLAND - BEHAVIORAL HEALTH SYSTEMS - BALTIMORE - BRADENBURG EYE ASSOCIATES - DISABILITY SUPPORT SERVICES - BALTIMORE CITY HEALTH DEPARTMENT - NORTHERN PHARMACY & MEDICAL EQUIPMENT - MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT - BALTIMORE CITY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT - THE FRANCISCAN CENTER - THE SKIP VIRAGH FOUNDATION - T. ROWE PRICE FOUNDATION - BACK ON MY FEET - ANNE ARUNDEL COUNTY PUBLIC SCHOOLS - BRADLEY, ARANT, BOULT, CUMMINGS, LLC - ROSENBERG MARTIN GREENBERG - TRUIST BANK - M&T BANK - JPMORGAN CHASE BANK - HARBOR BANK - BANK OF AMERICA - DIAKON KATHRYN'S KLOSET - FEDERAL HOME LOAN BANK OF ATLANTA - FEDERAL HOME LOAN BANK OF NEW YORK OVER THE COURSE OF THE PAST FISCAL YEAR, 2025, HELPING UP MISSION PROVIDED THE FOLLOWING TO OUR CLIENTS: - 3,082 MEN, WOMEN & CHILDREN SERVED (UNDUPLICATED) - 15,101 MEN, WOMEN & CHILDREN SERVED FOR ALL PROGRAMS (DUPLICATED) - 152 GRADUATES OF OUR SPIRITUAL RECOVERY PROGRAMS - 102 MEN'S ONE-YEAR SPIRITUAL RECOVERY PROGRAM GRADUATES - 25 MEN'S 6-MONTH GRANDUATE SPIRITUAL RECOVERY PROGRAM GRADUATES - 25 WOMEN'S ONE-YEAR SPIRITUAL RECOVERY PROGRAM GRADUATES - 217 WOMEN SERVED IN THE WOMEN'S SPIRITUAL RECOVERY PROGRAM - 10,244 (MOBILE OUTREACH UNIT) MEN AND WOMEN SERVED WITH FOOD, HYGIENE KITS AND CASE MANAGEMENT THROUGHOUT BALTIMORE CITY, BALTIMORE COUNTY & ANNE ARUNDEL COUNTY - 1019 (MOBILE OUTREACH UNIT) MEN AND WOMEN (UNDUPLICATED) PROVIDED CASE MANAGEMENT THROUGHOUT BALTIMORE CITY, BALTIMORE COUNTY & ANNE ARUNDEL COUNTY - 50 (MOBILE OUTREACH UNIT) MEN AND WOMEN WHO ENTERED THE SPIRITUAL RECOVERY PROGRAMS REFERRED BY THE MOBILE OUTREACH UNIT - 699,137 FULL MEALS SERVED EACH YEAR - 202,379 BED NIGHTS OF SHELTER PROVIDED - 350,000+ ITEMS OF CLOTHING AND PERSONAL CARE PRODUCTS DISTRIBUTED - 19,292 MENTAL HEALTH, SUBSTANCE ABUSE, POST-TRAUMA AND PSYCHIATRIC COUNSELING SESSIONS (INDIVIDUAL AND GROUP) - 9,963 APPOINTMENTS WITH CERTIFIED PEER RECOVERY SPECIALISTS - 631 APPOINMENTS WITH CERTIFIED PEER RECOVERY SPECIALISTS FOR OUR HISPANIC OUTREACH PROGRAM - 23,816 HISPANIC SPIRITUAL RECOVERY PROGRAM CLASS APPOINTMENTS PROVIDED - 3,545 JOHNS HOPKINS CORNERSTONE CLINIC SUBSTANCE ABUSE & MENTAL HEALTH INDIVIDUAL COUNSELING SESSIONS - 14,205 JOHNS HOPKINS CORNERSTONE CLINIC SUBSTANCE ABUSE & MENTAL HEALTH GROUP SESSION APPOINTMENTS - 1,542 POST-TRAUMA HEALING GROUP APPOINTMENTS - 65,308 ESTIMATED EVENING RECOVERY MEETINGS ATTENDED BY SRP CLIENTS - 2,350 PRIMARY & URGENT CARE MEDICAL APPOINMENTS (ON-SITE AT GMBC CLINIC) - 126 EYE EXAMS AND 11 EYEGLASSES PROVIDED - 4,060 OUTSIDE MEDICAL APPOINTMENTS PROVIDED (TRANSPORTATION COORDINATED ON-SITE) - 135 MEDICAL SEMINAR APPOINTMENTS (ON-SITE) - 265 RECOVERY-ORIENTED ACUPUNCTURE APPOINTMENTS PROVIDED (ON-SITE) - 1,900+ CHAPEL SERVICES AND EDUCATIONAL CLASSES CONDUCTED EACH YEAR* - 520 DENTAL APPOINTMENTS PROVIDED (PREVENTATIVE, RESTORATIVE AND URGENT CARE) - 4 CLIENTS EARNED THEIR HIGH SCHOOL DIPLOMA - 110 CLIENTS BEGAN STUDYING FOR THEIR MARYLAND HIGH SCHOOL DIPLOMA - 112 CLIENTS ASSESSED FOR LITERACY AND NUMERACY WITH CASAS 900 - 98 CLIENTS PARTICIPATED IN ADULT BASIC EDUCATION (AKA LITERACY ACTIVITIES) - 19 CLIENTS PASSED THE BASIC COMPUTER LITERACY CLASS - 193 CLIENTS ATTENDED RESUME CLASSES AND COMPLETED A RESUME - 47 CLIENTS RECEIVED 1-ON-1 FINANCIAL LITERACY COUNSELING SESSIONS - 63 CLIENTS COMPLETED 5-WEEK FINANCIAL LITERACY CLASSES - 119 CLIENTS GAINED EMPLOYMENT AT AN AVERAGE RATE OF \$17.70 PER HOUR, 56% OF WHICH CAME WITH BENEFITS FOR ALL CLIENTS. JOBS REFERRED BY HUMN'S EDUCATION & WORKFORCE DEVELOPMENT SERVICES HAD AN AVERAGE WAGE OF \$19.42 PER HOUR, 94% OF WHICH CAME WITH BENEFITS. - 132 "BARRIER TO EMPLOYMENT" SERVICE APPOINTMENTS (E.G. BACKGROUND CHECK, CHILD SUPPORT, CRIMINAL EXPUNGEMENTS, MVA RECORD EXPUNGEMENTS, TAXES, AND MOCK JOB INTERVIEWS) - 79 CLIENTS ENROLLED IN COLLEGE AND/OR TECHNICAL SKILLS TRAINING * INCLUDES MORNING DEVOTIONS, 8AM, 9AM, 10AM, 11AM, 1PM, 2PM CLASSES, AND FRIDAY CHAPEL SERVICES
FORM 990, PART VI, SECTION A, LINE 2	SKY WOODWARD IS AN EMPLOYEE OF HUM AND IS MARRIED TO JOHN SWEENEY, WHO IS AN INDEPENDENT BOARD MEMBER OF HOUSE OF FREEDOM, INC. HOUSE OF FREEDOM, INC. IS AN AFFILIATED ORGANIZATION OF HELPING UP MISSION. JOHN WOULD ABSTAIN FROM ANY VOTE THAT HAD A DIRECT CONFLICT OF INTEREST INVOLVING SKY.
FORM 990, PART VI, SECTION B, LINE 11B	DRAFT FORM 990S FOR HUM ARE REVIEWED BY SENIOR MANAGEMENT AND, IF APPROVED, ARE THEN PRESENTED TO THE FINANCE COMMITTEE FOR DETAILED REVIEW AND APPROVAL. THE FINANCE COMMITTEE HAS DELEGATED AUTHORITY FROM THE HUM BOARD OF DIRECTORS TO ACT ON THEIR BEHALF. ONCE APPROVED BY THE FINANCE COMMITTEE, THEN THE CEO SIGNS AND THE RETURNS ARE FILED. ALL MEMBERS OF THE HUM BOARD ARE GIVEN A FINAL, SIGNED COPY OF THE RETURNS.
FORM 990, PART VI, SECTION B, LINE 12C	THE HELPING UP MISSION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY FOR OFFICERS, DIRECTORS AND MANAGEMENT-LEVEL EMPLOYEES WHICH IT ANNUALLY MONITORS AND ENFORCES. ALL BOARD MEMBERS AND STAFF ARE GIVEN AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE TO COMPLETE. ANY ISSUES ARE INVESTIGATED, DISCLOSED OR RESOLVED.
FORM 990, PART VI, SECTION B, LINE 15A	THE CHIEF EXECUTIVE OFFICER'S COMPENSATION IS DETERMINED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY AND ANY CHANGES ARE APPROVED.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY APPOINTMENT, AND THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON THE WEBSITE.
FORM 990, PART XI, LINE 9:	LOSSES ON UNCOLLECTIBLE PLEDGES -20,000. CHANGE IN VALUATION OF SPLIT-INTEREST AGREEMENTS -27,804.
FORM 990, PART XII, LINE 2C:	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

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Software Version:

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Name of the organization
HELPING UP MISSION INC

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

52-0635090

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

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

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

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

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

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

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

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

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

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

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HOUSE OF FREEDOM	Q	691,550	FAIR MARKET VALUE OF TRANSACTION
(2)HOUSE OF FREEDOM SUPPORT CORPORATION	K	827,387	FAIR MARKET VALUE
(3)HOUSE OF FREEDOM	B	2,500,260	FAIR MARKET VALUE OF CONTRIBUTION

Part VII Supplemental Information

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

Return Reference

Explanation

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

Additional Data[Return to Form](#)

Software ID:
Software Version: