Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)										
Departs			Do not en	ter social security numbers on this	form	as it may be	made pu	ıblic.		Open to Public
		he Treasury le Service		www.irs.gov/Form990 for instruction		-				Inspection
			r year, or tax year begin		15 un		nd ending			, 20
_		pplicable:		ift Up the Vulnerable, Ir		, ,				yer identification number
			Doing business as	<u>it op the vulnerable, in</u>	10.					-
	ddress c	•	<b>-</b>	83-1980124						
=	ame cha	•		O. box if mail is not delivered to street address)			Room/suite		E leiepr	ione number
	itial retur		PO Box 22027							(646)481-8948
E Fi	nal retur	n/terminated	City or town, state or pro	wince, country, and ZIP or foreign postal code					G Gross	receipts
	mended	return	New York, NY 1	10087-2027					\$	1,715,261
A	pplication	n pending	F Name and address of pr	incipal officer: Audrey Moore			н	( <b>a)</b> Is this a	group return f	or subordinates? Yes X No
			Same as C abov	re			н	( <b>b)</b> Are all	subordinate	s included? Yes No
I Ta	ax-exem	ot status: 🗴 5	501(c)(3) 501(c) (	) ┥ (insert no.) 4947(a)(1) or	52	27		lf "No,"	' attach a lis	t. See instructions
JW	lebsite:	http	s://liftupthevul	lnerable.org			н	(c) Group	exemption i	number
K F	orm of or	ganization: 🗴 (	Corporation 🗌 Trust 🗌 Ass	sociation 🗌 Other 🕨	L	Year of formation	n: <b>2018</b>	м	State of leg	al domicile: <b>NY</b>
Par	tl	Summary								
	1	Briefly describ	e the organization's missi	ion or most significant activities:	'he o	organizat	ion pr	ovide	s aid	and development
		2	•	eople, especially childr						
сe		-		of oppression. See Sche						
Activities & Governance		CIAILICKI	ilg and all Iolins	or oppression. See Sche	aure		more	uecar	rea ae	scription.
/er	2	Chock this how		n discontinued its operations or dispos	od of	more than 25	% of its n	at accot		
ő									1 1	_
త	3			5 5 ( )						7
ies	4			s of the governing body (Part VI, line					• 4	7
ivit	5			ı calendar year 2021 (Part V, line 2a)					- 5	4
Act	6		of volunteers (estimate if i						. 6	25
				Part VIII, column (C), line 12 • • •					. 7a	0
	b	Net unrelated	business taxable income	from Form 990-T, Part I, line 11 .	• •				. 7b	0
							6	Prior Year		Current Year
	8	Contributions a	and grants (Part VIII, line	1h)				2,112	2,839	1,715,261
ne	9	Program servi	ce revenue (Part VIII, line	e 2g)						0
Revenue	10	-		A), lines 3, 4, and 7d)						0
Še	11			nes 5, 6d, 8c, 9c, 10c, and 11e) .						0
-	12			must equal Part VIII, column (A), line				2 11	2,839	1,715,261
	13								1,582	1,380,215
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								1,380,213
es	15								5,861	246,496
nses			undraising fees (Part IX, o					40	0,500	45,850
Expe			ng expenses (Part IX, col	., ,		145,838				
ш	17		es (Part IX, column (A), lir	, ,	•••			8'	7,286	115,235
	18	Total expenses	s. Add lines 13-17 (must	equal Part IX, column (A), line 25)	•••			1,18	5,229	1,787,796
	19	Revenue less	expenses. Subtract line	18 from line 12	• •			92'	7,610	(72,535)
es Ses							Beginni	ng of Curr	rent Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)					944	4,007	841,703
Ass	21	Total liabilities	(Part X, line 26)					183	3,793	154,024
Fun	22	Net assets or f	fund balances. Subtract I	ine 21 from line 20					0,214	687,679
Par		Signatur	e Block						- ,	
Under	<sup>-</sup> penaltie	es of perjury, I decla	re that I have examined this retu	rn, including accompanying schedules and stater	nents, a	and to the best of	my knowledg	ge and beli	ief, it is	
true, c	correct, a	ind complete. Decla	aration of preparer (other than off	icer) is based on all information of which prepare	r has ai	ny knowledge.				
		Audro	u T Maama							
Sigr	า	Signature	y L Moore						Dat	e
Here										-
TIER	-		y L Moore, CEO							
. <u> </u>		<u> </u>	or print name and title							DTIN
<b>D</b> - 1		Print/Type prepa	e preparer's name Preparer's signature Date Check						📙 if	PTIN
Paic		Sam Alli	son	Sam Allison		02-27-202	2	self-en	nployed	P01368198
-	barer		Lighthout	ise CPA, LLC			Firm	's EIN 🕨		
Use	Only	Firm's address	PO Box 6	560324			Phor	ne no.		
			Birmingh	nam AL 35266					205-2	249-4894
May t	he IRS	discuss this re	turn with the preparer sh	own above? See instructions					<u></u>	XYes 🗌 No
For P	aperw	ork Reduction	n Act Notice, see the se	parate instructions.						Form <b>990</b> (2021)
										· /

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

2021

Form **990** 

Form	m 990 (2021) Lift Up the Vulnerable, Inc.	83-1980124	Page <b>2</b>
	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	The organization provides aid and development in Africa to vulnerable peopl	e, especially	children
	and women, most at-risk for human trafficking and all forms of oppression.	See Schedule O	for a
	more detailed description.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		x No
		· · · · · · L Yes	X NO
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?		
	If "Yes," describe these changes on Schedule O.		V NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the service accomplishments for each of its three largest program services.	ured by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	•	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,460,730 including grants of \$ 1,380,215 ) (Reven	ue \$	)
	The Organization prevents the trafficking and oppression of vulnerable chil	dren and women	. LUV
	provides practical support for ministries that offer shelter, food, medical	and spiritual	care,
	education, job training and economic empowerment opportunities. These essen	itial resources	are
	critical components to addressing vulnerabilities and preventing exploitati	on and traffic	king.
	LUV communicates the desperate need to prevent human trafficking and oppres		
	scale, effectively mobilizing individuals, organizations, and local leaders		
	that prevents trafficking and empowers children and women to thrive as chan	ige agents in t	heir own
	lives and communities.		
4b	(Code:) (Expenses \$including grants of \$) (Reven	ue \$	)
		·	/
4c	(Code: ) (Expenses \$ including grants of \$ ) (Reven	ue \$	)
40		αε φ	)
4d		,	
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,460,730		

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-		3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<b>*</b> +		
4				
-	<b>5 5 5 5 5 5 5 5 5 5</b>	4		<u>x</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	,,,,	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
		8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-+		
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
		10		<u>x</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	1a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
		1b		х
с				
•		1c		v
h				<u>x</u>
d	<b>o</b> 1			
		1d	х	
е		<u>1e</u>		<u>x</u>
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11	1f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	2a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	T		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	2b		х
13		13		x
14a		14a	х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
5	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		146		
		14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
		15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	T		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-+		
-		19		x
20 a		20a		
		.0a 20b		<u>x</u>
b 24				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Lift Up the Vulnerable, Inc.

Form 990 (2021)

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Form		83-198012	24	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)				
		I		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		04-		
h	through 24d and complete Schedule K. If "No," go to line 25a		24a		<u>x</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		244		
ы	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		250		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		<u>x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		05h		
26	If "Yes," complete Schedule L, Part I		25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		20		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		26		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		
20			21		<u>x</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
•	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>		200		
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28a 28b		<u>x</u>
b	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		200		<u>x</u>
С	"Yes," complete Schedule L, Part IV		28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		200		<u>x</u>
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		29		x
30	conservation contributions? If "Yes," complete Schedule M		30		v
24	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I				<u>x</u>
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		31		<u>x</u>
32	complete Schedule N, Part II		32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		32		<u>x</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		55		<u>x</u>
34	or IV, and Part V, line 1		34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		554		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		550		
50	related organization? If "Yes," complete Schedule R, Part V, line 2		36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		30		_ <u>x</u> _
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		57		<u>x</u>
50	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.		38	v	
Par			50	х	
ומיון	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		100	110
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	2			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
U	reportable gaming (gambling) winnings to prize winners?		1c	х	
				- 23	

	990 (2021)         Lift Up the Vulnerable, Inc.         83-19801	24	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<b>a</b> 1-		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7.		
L		7a 7b		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		v
А	If "Yes," indicate the number of Forms 8282 filed during the year	70		x
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u></u>
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		L
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	• ~		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

		19801		P	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	nd for a	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru				_
_	Check if Schedule O contains a response or note to any line in this Part VI				. x
Se	ction A. Governing Body and Management				·
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
h	committee, explain on Schedule O.	-			
b 2	Enter the number of voting members included in line 1a, above, who are independent	7			
2	any other officer, director, trustee, or key employee?		2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct		-		x
5	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		x x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x
6	Did the organization have members or stockholders?		6		x
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		-		
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				<u> </u>
	stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		10.		
40	describe in Schedule O how this was done		12c	<u>X</u>	<u> </u>
13	Did the organization have a written whistleblower policy?		13	<u>x</u>	
14 15	Did the organization have a written document retention and destruction policy?		14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	v	
a b	Other officers or key employees of the organization		15a	x x	<u> </u>
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			л	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	Tara Herget c/o LUV (646)481-8948, PO Box 22027, New York, NY 10087-2027				

Form 990 (202		83-1980124	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated Employee	es, 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 t	this table for all persons required to be listed. Report compensation for the calendar year ending with or with	in the	
organization's	tax year.		
<ul> <li>List all o</li> </ul>	f the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of	amount of	

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

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

See 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. 

			ipen		(C)	y ouri				
		Position (do not check more than one								
(A)	(B)							(D)	(E)	(F)
Name and title	Average hours		box, unless person is both an officer and a director/trustee)					Reportable compensation	Reportable compensation	Estimated amount of other
	per week							from the	from related	compensation
	(list any	or In	П	0	<u>ح</u>	φI	Т	organization (W-2/ 1099-MISC/	organizations W-2/ 1099-MISC/	from the organization and
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NEC	related organizations
	organizations	lual t ctor	liona		nplo	st co	~			
	below	ruste	l trus		yee	mpe				
	dotted line)	ě	stee			nsate				
						ď				
(1) Audrey Moore	40.00									
Chief Executive Officer				х		х		99,167	0	5,257
(2) Robert Riggs	40.00									
Chief Operations Officer				х				81,391	0	5,257
(3) Gustavo Quintero	<u>1.00</u>									
Secretary		х		х				0	0	0
(4) Mary Boney Denison	<u>1.00</u>									
Director		х		х				0	0	0
(5) Lauran Bethell	<u>1.00</u>									
Director		х		х				0	0	0
(6) Linnea Smith	<u>1.00</u>									
Director		х		х				0	0	0
(7) Louise Coggins	<u>1.00</u>									
Chair		х		х				0	0	0
(8) Joann Hsieh	1.00									
Treasurer		х		х				0	0	0
(9) John_Van_Rens	1.00									
Vice Chair		х		х				0	0	0
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u></u>	<u> </u>									
<u>(14)</u>										
	1									

	90 (2021) Lift Up the Vulne:									83-1980	0124 Page 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	oyees,	and			t Com	pens	sated Employees	(continued)	1
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box, offic	, unles er and	Po eck n ss pei d a di	rson is rector	nan one s both ar /trustee)	)	<b>(D)</b> Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(15)											
<u>(16)</u>											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
(20)											
<u>(21</u> )											
(22)											
(23)											
(24)											
(25)											
1b c	Subtotal		· · ·	 	•••	•••		÷ ÷			
d	Total (add lines 1b and 1c)								180,558	0	10,514
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those lis	sted ab	ove)	who	o rec	eived	more	e than \$100,000 of		0
3	Did the organization list any <b>former</b> officer, directo		• •	•	e, or	high	est co	mpe	ensated		Yes No
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of re								sation from the		3 X
	organization and related organizations greater than individual				•						4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,"</i>			-			-				5 X
Secti	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Report comp										
	(A) Name and business addres								(B) Description of servic		<b>(C)</b> Compensation
									2 company of advic		
2	Total number of independent contractors (including received more than \$100,000 of compensation from			hose Þ		ed al	oove)	who			

orm 99				the Vulne	ərab	ole, Inc.			83-19801	24 Page 9
Part V		Statement of Rev								-
		Check if Schedule O co	ntain	s a response	or no	ote to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns . Membership dues Fundraising events Related organizations . Government grants (contr All other contributions, gif and similar amounts not in Noncash contributions inc	ibutio ts, gr	ons) ants,	1a 1b 1c 1d 1e 1f	27,600				sections 512–514
Contril and Of	g h	lines 1a-1f	• •	· · · · · [	1g 	\$ 	1,715,261			
Service nue	2a b c					Business Code				
Program Service Revenue		All other program service r Total. Add lines 2a-2f				· · · · · · · • •				
	4 5 6a b c	Investment income (includi other similar amounts) . Income from investment of Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	tax-e	exempt bond	proce	eeds				
evenue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	7c			(ii) Other	-			
Other Revenue	8a b	Gross income from fundrai events (not including \$ _ of contributions reported of 1c). See Part IV, line 18 Less: direct expenses	sing n line 	· · · · · · ·	8a 8b		-			
	9a b	Net income or (loss) from f Gross income from gaming activities, See Part IV, line Less: direct expenses	) 19 • •		9a 9b		-			
	10a b	Net income or (loss) from g Gross sales of inventory, le returns and allowances • Less: cost of goods sold Net income or (loss) from s	ess •••		10a 10b		-			
Miscellanous Revenue	11a b c	All other revenue				Business Code				
Σ	е	Total. Add lines 11a-11d Total revenue. See instruct	•				1,715,261	0	0	0

Form 990 (2	021)	Lift	Up	the	Vulnerable,	,
Part IX	Statement of	f Funct	tion	al Ex	kpenses	

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

Inc.

(A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, (B) (C) Program service Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 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 . . . 1,380,215 1,380,215 4 Benefits paid to or for members ..... Compensation of current officers, directors, 5 trustees, and key employees ...... <u>180,55</u>7 74,793 52,882 52,882 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 . . . . . . . . . . . . . . 17,538 18,123 35,661 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 Other employee benefits ..... 6,650 13,300 6,650 Pavroll taxes 10 5,722 16,978 5,628 5,628 11 Fees for services (nonemployees): а b С Accounting 62,585 62,585 d Professional fundraising services. See Part IV, line 17 45,850 45,850 е f Investment management fees ...... Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) . . 6,988 4,688 2,300 12 Advertising and promotion ..... 807 807 13 Office expenses ..... 498 498 14 Information technology ..... 2,014 2,014 15 16 17 3,868 3,868 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . . . . 20 4,372 4,372 21 Payments to affiliates . . . . . . . . . . . 22 Depreciation, depletion, and amortization 833 833 23 Insurance 5,631 5,631 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) <u>2,164</u> Printing and publications 2,164 а b Postage and shipping 1,201 1,201 c Telephone and internet 1,590 1,590 d Bank, wire, credit card fees 9,048 9,048 All other expenses е 4,993 8,643 13,636 25 Total functional expenses. Add lines 1 through 24e . . 1,787,796 1,460,730 181,228 145,838 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 following SOP 98-2 (ASC 958-720) Form **990** (2021) EEA

$E_{arm} 000 (2021)$	T : CL				-
Form 990 (2021)	Litt	Up	the	Vulnerable,	Inc.
Deut V Delemen Ohn	- 1				

Page 11

Par	t X	Balance Sheet		5-190	SUIZ4 Tage II
		Check if Schedule O contains a response or note to any line in this Part X			[
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	854,732	1	525,978
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	88,303	4	97,105
	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	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,500			
	b	Less: accumulated depreciation 10b 2,361	972	10c	139
	11	Investments - publicly traded securities		11	
	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	218,481
	16	Total assets. Add lines 1 through 15 (must equal line 33)	944,007	16	841,703
	17	Accounts payable and accrued expenses	3,703	17	1,649
	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	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	180,090	23	152,375
	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		25	
	26	Total liabilities. Add lines 17 through 25	183,793	26	154,024
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	760,214	27	687,679
Sala	28	Net assets with donor restrictions		28	
Ιpι		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	760,214	32	687,679
Z	33	Total liabilities and net assets/fund balances	944,007	33	841,703

EEA

Form **990** (2021)

Form	1990 (2021) Lift Up the Vulnerable, Inc. 83	-1980124	1	Pa	age <b>12</b>
Pa	rt 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	1,	715,	261
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	787,	796
3	Revenue less expenses. Subtract line 2 from line 1	3		(72,	535)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		760,	214
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		687,	679
Pa	rt 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: 🕱 Cash 🗌 Accrual 🗌 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?		2a	х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	<b>990</b> (2	2021)

SCHEDULE .	A
(Form 990)	

# 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.

	OMB No. 1545-0047
ſ	2021

Department of the Treasury				Attach to Form 990 or Form 990-EZ.					Open to Public	
Internal Revenue Service F Go t			► Go t	to www.irs.gov/Form990 for instructions and the latest information.				ation.	Inspection	
Name of the organization								Employer identificatio	n number	
Lift	: U	p the Vuln	erable, Inc.					83-198012	24	
Par	_			rity Status. (Al	l organizations mus	t comple	ete this p	art.) See instructi	ons.	
The o	rga	nization is not a	private foundation be	ecause it is: (For line	es 1 through 12, check or	nly one box	(.)			
1	Г	A church. conv	ention of churches. d	or association of chu	Irches described in secti	on 170(b)(	(1)(A)(i).			
2	Γ	-			Schedule E (Form 990).)					
3	Ē		•		n described in section 1		(iii).			
4	Ē			0	n with a hospital describe		. ,	1)(A)(iii). Enter the		
-			e, city, and state:		·····			·//· //··/· =····		
5		-		nefit of a college or	university owned or oper	ated by a d	novernmen	tal unit described in		
•		-	(1)(A)(iv). (Complete	-						
6				,	init described in section	170(h)(1)(	Δ)(v)			
7	F		•	•	rt of its support from a go			om the general public		
			ection 170(b)(1)(A)(v			vonniona		in the general public		
8					). (Complete Part II.)					
9	F				ion 170(b)(1)(A)(ix) oper	ated in cor	niunction w	ith a land-grant college	2	
5		-	-		see instructions). Enter th		-			
		university:	a non-land-grant co	lege of agriculture (		ne name, c	nty, and sta	te of the college of		
10	v	· <u> </u>	a that pormally rocai	vos: (1) moro than 3	3 1/3% of its support fror	n contribut	ions mom	horship food and grad	<u></u>	
10	<u> </u>				subject to certain exception				5	
					usiness taxable income (			from businesses		
			-		section 509(a)(2). (Comp		,			
11 12		, s	•	2	test for public safety. See					
12			<b>o</b> ,		the benefit of, to perform			<b>,</b> , ,		
		-			d in <b>section 509(a)(1)</b> or				леск	
-			•	•••	e of supporting organizati		•	-	_	
а					vised, or controlled by its		-	.,	9	
			,		y appoint or elect a major	nty of the c	inectors of	trustees of the		
		_ ·· ~	0	•	IV, Sections A and B.	4 .:				
b				•	ontrolled in connection wi		-	.,		
			-		ion vested in the same p	ersons tha	l control of	manage the supported	u	
		_ ·	on(s). You must con	•		nootion wit	the and fund	tionally integrated with	<b>b</b>	
С					anization operated in con				11,	
d			• • • • •	,	u must complete Part IN				(a)	
d					g organization operated in			••••	. ,	
				-	generally must satisfy a e Part IV, Sections A an		•		55	
			, ,	•						
е					n determination from the		is a type i,	туре II, туре III		
	-		r of supported organi		ntegrated supporting org	anization.				
f			ving information abo		••••••••••••••••••••••••••••••••••••••				•••	
g									( ) ) ( ) (	
	(1) N	lame of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))	docum	nent?	instructions)	instructions)	
						Yes	No			
						103				
(A)										
(B)										
(C)										
(D)										
(E)										

	e A (Form 990) 2021 Lift Up the	Vulnerabl	e, Inc.			83-198012	4 Page 2
Part	II Support Schedule for Organiza	ations Desci	ribed in Sect	ions 170(b)(′	1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	e Part III.)	-
Secti	on A. Public Support				•	,	
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	(,	(-,		(0)		
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
2							
	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						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	<u> </u>					
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
9	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	(2)
13	First 5 years. If the Form 990 is for the or						
<del></del>	organization, check this box and stop her						<b>⊳</b> []
	on C. Computation of Public Suppor	-					
14	Public support percentage for 2021 (line 6	.,				14	%
15	Public support percentage from 2020 Sch					15	%
16a	33 1/3% support test - 2021. If the organi						_
	box and <b>stop here.</b> The organization qual						
b	33 1/3% support test - 2020. If the organi						·
	this box and <b>stop here.</b> The organization			•			_
17a	10%-facts-and-circumstances test - 202	-					
	10% or more, and if the organization meet						
	Part VI how the organization meets the factor	cts-and-circum	stances test. T	he organizatio	n qualifies as a	a publicly supp	orted
	organization						🕨 🗌
b	10%-facts-and-circumstances test - 202	<b>0.</b> If the organ	ization did not	check a box or	n line 13, 16a, 1	16b, or 17a, an	d line
	15 is 10% or more, and if the organization	meets the fac	ts-and-circums	tances test, ch	eck this box ar	nd stop here. E	Explain
	in Part VI how the organization meets the					•	
	organization			-			▶ □
18	Private foundation. If the organization did						e
	instructions						

-	e A (Form 990) 2021 Lift Up the	Vulnerable	e, Inc.			83-1980124	Page <b>3</b>
Part							
	(Complete only if you checked th						er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		822,193	755,360	2,112,839	1,715,261	5,405,653
2	Gross receipts from admissions, merchandise		/				
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		822,193	755,360	2,112,839	1,715,261	5,405,653
7a	Amounts included on lines 1, 2, and 3		022/255	100,000	2,112,000	1//10/201	0,100,000
	received from disqualified persons		255,000	18,517	250,000	325,106	848,623
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						
С	Add lines 7a and 7b		255,000	18,517	250,000	325,106	848,623
8	Public support. (Subtract line 7c from						
	line 6.)						4,557,030
Secti	on B. Total Support		•			•	, ,
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		822,193	755,360	2,112,839	1,715,261	5,405,653
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						
с	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.)	0	822,193	755,360	2,112,839	1,715,261	5,405,653
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	e					<b>&gt;</b> 🗴
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	, column (f), di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2020 Sch	edule A, Part II	I, line 15 .			16	%
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2021 (li	ne 10c, colum	n (f), divided by	/ line 13, colun	nn (f))	17	%
18	Investment income percentage from 2020	Schedule A, P	art III, line 17			18	%
19a	33 1/3% support tests - 2021. If the organ	nization did not	t check the box	on line 14, an	d line 15 is mo	re than 33 1/3%	, and line
	17 is not more than 33 1/3%, check this bo	ox and <b>stop he</b>	<b>re.</b> The organi	zation qualifies	s as a publicly	supported orga	nization 🕨 🗌
b	33 1/3% support tests - 2020. If the organization	n did not check a	box on line 14 or	line 19a, and lir	ne 16 is more that	n 33 1/3%, and	_
	line 18 is not more than 33 1/3%, check this box	•	-	• •	• • • •	-	🕨 🔲
20	Private foundation. If the organization did	d not check a b	oox on line 14,	19a, or 19b, cł	neck this box a	nd see instruction	ons 🕨 🗌

#### Page 4

### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 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.)

Tart	v.)	
	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
чa		
4b		
4c		
5a		
5b		
50 50		
30		
6		
-		
7		
8		
9a		
04		
9b		
9c		
30		
10a		
10b		

Schedul	A (Form 990) 2021 Lift Up the Vulnerable, Inc. 83-1980	)124	F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	_	
b	A family member of a person described in line 11a above?	11b	·	
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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 <b>Par</b>	č –		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Section	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Jech			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	,		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			L
			Yes	No
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	t l		
	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	e		
	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.	3		
	on 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 instr	uction	1 <b>s)</b> .
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	<i></i> ,		
C 2	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst Activities Test. <b>Answer lines 2a and 2b below</b> .	ructions).	Yes	No
2		of The second se	res	NO
а	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 <b>Part VI identify</b>	л		
	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 determine	a		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	20		
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	25		
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 <b>Part VI.</b>	3a		
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 <b>Part VI</b> the role played by the organization in this regard	3b		

Chedule A (Form 990) 2021 Lift Up the Vulnerable, Inc.		83-198	0124 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	-		-
instructions. All other Type III non-functionally integrated supporting organ	nizatior	is must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	ally inte	egrated Type III suppor	ting organization
(see instructions).			

Schedule A (Form 990) 2021

Schedul	e A (Form 990) 2021 Lift Up the Vulnerable, In Type III Non-Functionally Integrated 509(a)(3)	nc. 3) Supporting Organi	83-198	0124 Page 7
	on D - Distributions	b) Supporting Organi		Current Year
Secu				Current real
1	Amounts paid to supported organizations to accomplish ex		1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	,	
6	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - <i>explain in Part VI</i> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
<u>    i</u>	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
0	and 4c. Breakdown of line 7:			
8				
<u>a</u>	Excess from 2017			
b	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
e	Excess from 2021			

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, 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.)

#### . . . - 1

Schedule of Contributors

Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990)	Attach to Form 990 or Form 990-PF.		2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		
Name of the organization Employer identification			ntification number
Lift Up the Vuln Organization type (check		83-198	30124
Filers of:	Section:		
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> 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		
<b>Note:</b> Only a section 501 instructions.	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. S	See	
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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules			
regulations und 16b, and that re	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, ceived from any one contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; nount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	, 16a, or	
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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year			
-	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form art IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-F	,	

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B ( Name of or	(Form 990) (2021) ganization	Empl	Page <b>2</b> oyer identification number
Lift Up	the Vulnerable, Inc.		83-1980124
Part I	Contributors (see instructions). Use duplicate cop	bies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_		\$250,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_		\$143,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$116,306	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_4_		\$60,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_5_		\$40,000	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_6_		\$40,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B ( Name of or	Form 990) (2021)	Emp	Page <b>2</b> oyer identification number
	the Vulnerable, Inc.		83-1980124
Part I	Contributors (see instructions). Use duplicate cop	vies of Part I if additional space is	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_7_		\$32,100	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u>		\$22,500	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>		\$22,493	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_12		\$000	PersonImage: Complete Part II for noncash contributions.)

	(Form 990) (2021)	i	Page <b>2</b>
Name of or	ganization the Vulnerable, Inc.	Empl	oyer identification number 83–1980124
Part I	<b>Contributors</b> (see instructions). Use duplicate cop	ies of Part I if additional space is r	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13_		\$20,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14		\$16,737	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_15_		\$16,700	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>16</u>		\$16,100	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_17		\$15,000	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u>		\$13,500	PersonImage: Complete Part II for noncash contributions.)

	(Form 990) (2021)		Page <b>2</b>
Name of or			oyer identification number 83–1980124
Part I	the Vulnerable, Inc.           Contributors (see instructions). Use duplicate copie	· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$13,000	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20		\$13,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21		\$12,600	PersonImage: CompletePayrollImage: Complete(CompletePart II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_22		\$10,686	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_23		\$10,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_24		\$10,000	PersonImage: Complete Part II for noncash contributions.)

	(Form 990) (2021)		Page <b>2</b>
Name of or			oyer identification number 83–1980124
Part I	the Vulnerable, Inc.           Contributors (see instructions). Use duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_25		\$10,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_26		\$10,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_27		\$10,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_28		\$10,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_29		\$9,625	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$8,100	PersonImage: Complete Part II for noncash contributions.)

	(Form 990) (2021)		Page <b>2</b>
Name of or			oyer identification number 83–1980124
Part I	the Vulnerable, Inc.           Contributors (see instructions). Use duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_31		\$8,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$7,500	PersonImage: Constraint of the second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_33		\$7,400	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_34		\$6,728	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_35		\$6,500	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u>		\$6,200	PersonImage: Complete Part II for noncash contributions.)

	(Form 990) (2021)		Page <b>2</b>
Name of or	-		over identification number
Part I	<b>Contributors</b> (see instructions). Use duplicate copie		83-1980124 eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_37		\$6,100	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>38</u>		\$6,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>39</u>		\$6,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_40		\$5,400	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_41		\$5,350	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_42		\$5,040	PersonImage: Complete Part II for noncash contributions.)

Schedule B	(Form 990) (2021)	1	Page <b>2</b>
Name of or			oyer identification number
Part I	<b>Contributors</b> (see instructions). Use duplicate copie		83-1980124 needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_43		\$5,040	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_44		\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_45		\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>46</u>		\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_47		\$5,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_48		\$5,000	PersonImage: Complete Part II for noncash contributions.)

	(Form 990) (2021)	1	Page 2
Name of or	-	Em	ployer identification number
Part I	Vulnerable, Inc.           Contributors (see instructions). Use duplicate coperations)	bies of Part I if additional space is	83-1980124 s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$5,000	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHE	DULE D
(Form	990)

Department of the Treasury

# **Supplemental Financial Statements**

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

Attach to Form 990.

2021 **Open to Public** Inspection

OMB No. 1545-0047

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

Internal	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest information		Inspection
Name o	f the organization			Employer identifica	tion number
Lift	Up the Vulner			83-19801	24
Pa	rt I Organizati	ons Maintaining Donor Advised F	Funds or Other Similar Funds or Acco	ounts.	
	Complete i	f the organization answered "Yes" c	n 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 o	contributions to (during year) • • • •			
3	Aggregate value of	grants from (during year)			
4	Aggregate value at e	end of year			
5	Did the organization	inform all donors and donor advisors in v	writing that the assets held in donor advised		
	funds are the organi	zation's property, subject to the organizat	ion's exclusive legal control?		🗌 Yes 🗌 No
6	Did the organization	inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	Ł	
	only for charitable p	urposes and not for the benefit of the don	or or donor advisor, or for any other purpose		
		sible private benefit? • • • • • • • • •			🗌 Yes 🗌 No
Par	t II Conserva	tion Easements.			
	Complete i	f the organization answered "Yes" c	n Form 990, Part IV, line 7.		
1	Purpose(s) of conse	rvation easements held by the organizati	on (check all that apply).		
	Preservation of la	and for public use (for example, recreation	n or education)	istorically importar	nt land area
	Protection of natu	ural habitat	Preservation of a c	ertified historic stru	icture
	Preservation of o	pen space			
2	Complete lines 2a th	nrough 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation	
	easement on the las	st day of the tax year.		Held a	t the End of the Tax Year
а					
b	Total acreage restric	ted by conservation easements		. 2b	
с	Number of conserva	ation easements on a certified historic stru	ucture included in (a)	- 2c	
d		ation easements included in (c) acquired a			
	historic structure list	ed in the National Register • • • • •		. 2d	
3	Number of conserva	tion easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during th	e
	tax year 🕨				
4	Number of states where the states where	nere property subject to conservation eas	ement is located		
5	-	on have a written policy regarding the per			
			holds?		
6	Staff and volunteer h	nours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conserva	tion easements du	ring the year
	▶	_			
7		s incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during	the year
_	►\$				
8			ve satisfy the requirements of section 170(h)(4		
-	and section 170(h)(4				🗌 Yes 📋 No
9		• ·	on easements in its revenue and expense sta		
			ote to the organization's financial statements t	hat describes the	
Par		Inting for conservation easements.	of Art, Historical Treasures, or O	thar Similar A	scote
Fai		-			155615.
	•	f the organization answered "Yes" o			
1a	•	· ·	8, not to report in its revenue statement and b		5
			lic exhibition, education, or research in furthe	rance of public	
<b>h</b>			cial statements that describes these items.	an aboat works of	
b	U U	· ·	8, to report in its revenue statement and balar		
			exhibition, education, or research in furtherar	ice of public servic	<i>л</i> с,
		g amounts relating to these items:		► ^	
•					
2	-		asures, or other similar assets for financial gai	n, provide the	
-		equired to be reported under FASB ASC 9	-	▶ ♠	
a L				-	
b	Assets included in F	01111 990, Part X • • • • • • • • • • • • •		<b>&gt;</b> \$	

	D (Form 990) 2021 Lift Up the Vul	lnerable, Inc.			_	_	83-198		Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	storical T	reasures,	or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition, accessi	ion, and other record	s, check a	any of the fo	lowing that m	ake sigr	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan o	r exchange pr	ograms			
b	Scholarly research		е	=	0 1	-			
c	Preservation for future generations		•						
_	Provide a description of the organization's ca	olloctions and ovalain	how tho	(further the	organization	ovomr	t purposo in Port		
4	XIII.		i now they		organizations	sevenit	n puipose in Fait		
-			e						
5	During the year, did the organization solicit c								
Dort	assets to be sold to raise funds rather than to		art of the	organizatior	n's collection?			. 🗌 Yes	s 🗌 No
Par	<b>t IV</b> Escrow and Custodial Arra			000 D		• • • • •		4	<b>-</b>
	Complete if the organization	answered res	on For	m 990, Pa	an iv, line	9, 011	eponed an an	iount on	FOIII
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod							_	_
	included on Form 990, Part X?							🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	ole:					
							Ar	nount	
с	Beginning balance					. 10	:		
d	Additions during the year						1		
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F								s 🗌 No
b	If "Yes," explain the arrangement in Part XIII								
Par			(pianation	nas been p					<u>· U</u>
1 ai	Complete if the organization	answered "Ves"	on For	m 000 D	art IV/ line	10			
_		(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three years back	(e) Four	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a.	column (a)	held as:				
а	Board designated or quasi-endowment								
b	Permanent endowment	%	_/*						
c	Term endowment								
C	The percentages on lines 2a, 2b, and 2c sho								
20	Are there endowment funds not in the posse		tion that a	are held and	administered	l for the			
3a		ssion of the organiza	iuon inal a		auministereu				Vec No
	organization by:							0-(1)	Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							- 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	•				• • • •		. 3b	
4	Describe in Part XIII the intended uses of the		wment fu	nds.					
Par			_						
	Complete if the organization	answered "Yes"	on For	m 990, Pa	art IV, line	11a. S	ee Form 990,	Part X, I	ne 10.
	Description of property	(a) Cost or othe	er basis	(b) Cost o	r other basis	(c)	Accumulated	<b>(d)</b> Boo	k value
		(investme	ent)	(	other)	d	epreciation		
1a	Land								
b	Buildings								
с	Leasehold improvements								
d	Equipment			1	2,500		2,361		139
e	Other				_,				
	Add lines 1a through 1e. (Column (d) must eq	· · · · · · · · · · · · · · · · · · ·	column	(B) line 10c	)				139
. o.u			,	(2),	·/ · · · · ·				

Schedule D (Form 990) 2021

(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 Forr	m 990, Part IV, line	e 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 For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(a) Description		(b) Book value
(1)Prepaid expenses		218,481
(2)		,
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		218,481
Part X Other Liabilities.		· · · ·
Complete if the organization answered "Yes" on Forr line 25.	m 990, Part IV, line	e 11e or 11f. See Form 990, Part X,
1. (a) Description of liability (b) Book v	value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to t</li> </ol>	the organization's finan	cial statements that reports the
organization's liability for uncertain tax positions under FASB ASC 740. Check here in	-	

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

Di 2021 Lift Up the Vulnerable, Inc. Investments - Other Securities.

Schedule D (Form 990) 2021

Part VII

83-1980124

Page 3

Schedule		83-1980124	Page <b>4</b>
Part	······································	r 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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
C	Add lines <b>4a</b> and <b>4b</b>	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.

SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	Statement of Activities Outside the United States <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 10</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>	2021
Name of the organization		Employer identification number
Lift Up the Vul	nerable, Inc.	83-1980124
	I Information on Activities Outside the United States. Complete if the organization at 90, Part IV, line 14b.	nswered "Yes" on
1 For grantmak	ers. Does the organization maintain records to substantiate the amount of its grants and	
other assistance	e, the grantees' eligibility for the grants or assistance, and the selection criteria used to	
award the grar	ts or assistance?	· · · · · · 🗴 Yes 🗌 No
2 For grantmak outside the Un	e <b>rs.</b> Describe in Part V the organization's procedures for monitoring the use of its grants and other ass ted States.	sistance

# 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

3 Activities per Region. (The followi	ing Fait I, line :	able can be du	plicated if additional space is ne		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)Sub-Saharan Africa	1	3	Program services	To provide for needs	1,380,215
_(2)					
_(3)					
_(4)					
_(5)					
_(6)					
_(7)					
_(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(</u> 14)					
<u>(</u> 15)					
<u>(</u> 16)					
<u>(17)</u>					
3a       Subtotal          b       Total from continuation         sheets to Part I	1	3			1,380,215
<b>c</b> Totals (add lines 3a and 3b)	1	3			1,380,215

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

Schedule F (Form 990) 2021 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part II

Lift Up the Vulnerable, Inc.

#### 83-1980124

Page **2** 

				cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
		Sub-Saharan						
		Africa	funding needs	1,380,215	wire transfers			
)								
)								
:)								
)								
.)								
;)								
;)								
	number of recipient organization	ations listed above th	at are recognized as cha	rities by the foreign co	untry, recognized as a tax		1	_ <b>I</b>
exempt 501	(c)(3) organization by the II number of other organizatio	RS, or for which the g	grantee or counsel has pr	ovided a section 501(c	:)(3) equivalency letter			

<u>(17)</u>

(18) EEA 83-1980124

Page 3

(a) Type of grant or assistance	<b>(b)</b> Region	( <b>c)</b> Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, othe
)							
,							
,							
)							
)							
)							
)							

Schedule F (Form 990) 2021 Lift Up the Vulnerable, Inc.
Part IV Foreign Forms

83-1980124

EEA		Schedu	le F (Fo	orm 990) 202 <sup>,</sup>
	Instructions for Form 5713; don't file with Form 990)	•	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see			
	Foreign Partnerships (see Instructions for Form 8865)	• 🛛	Yes	X No
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain			
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"			
		- ப	100	
	Fund (see Instructions for Form 8621)	. п	Yes	X No
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing			
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a			
	Certain Foreign Corporations (see Instructions for Form 5471)	. 🗆	Yes	X No
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To			
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"			
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	• 🗆	Yes	🗶 No
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a			
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and			
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may			
	Corporation (see Instructions for Form 926)	. 🗆	Yes	X No
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"			

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

Part V

Lift Up the Vulnerable, Inc.

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

83-1980124

Page 5

01. Use of grant monitoring procedures (Part I, line 2)

Lift Up the Vulnerable, Inc. (LUV) receives quarterly budgets from foreign organizations

requesting grants for funds directly related to LUV's primary mission. Prior to the

disbursement of funds, LUV's Chief Program Officer and Chief Executive Officer receives

the requests and reviews each one independently and thoroughly, involving the Chief

Operations Officer and LUV's CPA for a third level of review. Once the requests have been

properly reviewed and approved, the funds are then transferred to the various Orphanage

Directors by the Chief Program Officer. LUV is notified via email once the funds have been

disbursed to the recipient organization(s). The Chief Executive Officer and other staff

members of LUV make periodic trips to visit the recipients and ensure the monies

distributed are being used for their intended program service purpose. In addition to

these trips, the LUV Chief Executive Officer, Chief Operations Officer, and/or Chief

Program Officer holds weekly phone calls with each recipient director to discuss use of

disbursed funds, as well as current conditions and any additional emergency needs.

SCHEDULE G	Supplement	tivities	OMB No. 1545-0047							
(Form 990)	Complete if	f the organization and organization entered	if the	2021						
Department of the Treasury		Att	ach to Form §	990 or Form 9	90-EZ.			Open to Public		
Internal Revenue Service		Go to www.irs.gov/Fo	orm990 for ins	structions and	d the latest informatio	on.	Employer identifica	Inspection tion number		
Lift Up the Vuln	83-1980	)124								
	sing Activities.	Complete if the	organiza	tion answ	ered "Yes" on F	orm 9				
Form 990	-EZ filers are not r	required to compl	ete this pa	rt.						
_										
a 🗴 Mail solicitatio					of non-government					
<b>b x</b> Internet and e					of government gran	nts				
c x Phone solicita			g X	Special fun	draising events					
d x In-person soli	citations tion have a written oi	r oral ograamant wit	h onvindivid	ual (includin	a officiaria directora	tructoor				
•	s listed in Form 990,	•	2		•		,	X Yes 🗌 No		
	0 highest paid individ	, ,		•	0		Indraiser is to be			
	least \$5,000 by the c		ai aicei c) p ai	i o u u i i o u gi						
•		0								
(i) Name and addres or entity (fur		(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(or	mount paid to retained by) raiser listed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization		
			Yes	No			(-)			
1 Hudson Ferris	Inc.	fundraising								
167 Madison Aven	ue, Suite	consulting		x			45,850	(45,850)		
2										
3										
4										
-										
5										
6										
7										
8										
9										
10										
Total				•			45,850	(45.950)		
	which the organizatio			icit contributi	ions or has been not	tified it is		(45,850)		
registration or lic	-						o oxempt nem			
	Ū									

			t Up the Vulnerab			1980124 Page 2
Pa	rt II	Fundraising Events. Comp				
		than \$15,000 of fundraising gross receipts greater than		gross income on Form	1 990-EZ, lines 1 and 6b.	List events with
		gross receipts greater than	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	<b>(d)</b> Total events (add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. (c))
anı						
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		mic 2 <sub>1</sub> · · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add line			· · · · · · · · · · · •	
Pa	11 Int III	Net income summary. Subtract line Gaming. Complete if the org			V line 19 or reported m	ore than
		\$15,000 on Form 990-EZ, li	-		···,····	
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
0	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ect Ex	4	Rent/facility costs				
Dir		·				
	5	Other direct expenses				
	6	Volunteer labor	└ Yes % └ No	│	│	
	7	Direct expense summary. Add line	es 2 through 5 in column (d)			
	8	Net gaming income summary. Sub	otract line 7 from line 1, colເ	ımn (d)		
_	-	stor the state (c) is which the event	ation conducts activity of	vition		
9		nter the state(s) in which the organiza the organization licensed to conduct				Yes 🗌 No
	b lf"	"No," explain:				
	_					
10		ere any of the organization's gaming "Yes," explain:	licenses revoked, suspend	ded, or terminated during th	ne tax year?	Yes 🗌 No

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization

### Lift Up the Vulnerable, Inc.

83-1980124

### 01. Form 990 governing body review (Part VI, line 11)

Upon completion of the organization's Form 990, the return is presented to the governing

body. The governing body reviews the tax return and is free to ask any questions or engage

in discussion regarding any topic covered in the return. Once the governing body has

reviewed and approved the Form 990, the return is filed with the Internal Revenue Service

### 02. Conflict of interest policy compliance (Part VI, line 12c)

The Board Chair ensures that all Board members, officers, and key staff and employees are

made aware of the organization's conflict of interest policy. All parties shall disclose

all real and apparent conflicts of interest that they discover or that have been brought

to their attention in connection with the organization's activities. All disclosures are

noted for the record in the minutes at any meeting of the Board of Directors.

### 03. CEO, executive director, top management comp (Part VI, line 15a)

Compensation for the top executives are based on industry standards, job performance,

length of service, and hazardous conditions of work and is set by the Chair with the input

of the other members of the Board of Directors. The direct supervisor of all officers or

key employees performs an annual review of key employee performance and sets officer or

key employee compensation. Compensation for the officers or key employees is set in

accordance with industry standards, job performance, length of service, and hazardous

conditions of work.

### 04. Other officer or key employee compensation (Part VI, line 15b

See explanation for Line 15a

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

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
Lift Up the Vulnerable, Inc.	83-1980124
05. Governing documents, etc, available to public (Part VI, line 19)	
The organization makes available its financial statements on its website and other	
governing documents upon request.	