Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	2022 calend	ar year, or t	tax year begin	ning		, 2022, a	ınd endi	ng		, 20		
В	Check if a	pplicable:	C Name of or	ganization L i	ft Up the Vul	nerable, Inc.				D Emp	loyer identification number		
П	Address change Doing business as									83-1980124			
Ī	Name cha	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite								phone number		
$\overline{}$	Initial retu	ial return PO Box 22027								,	(646) 481-8948		
=		rn/terminated			, country, and ZIP or foreign	nostal code				G Gros	ss receipts		
二	Amended		· ·	York, NY 1		i postal ocac				\$ 2,258,603			
二		n pending		address of principa		Moore			H(a) Is this a o		for subordinates? Yes X No		
ш	дррисацо	ii peridirig		as C abox	-	MOOLE					tes included? Yes No		
_	Tay ayam	nt status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or 5	527				st. See instructions		
	Tax-exem Website:				nerable.org		021		H(c) Group e				
			Corporation			1.	V	201					
	rt I	rganization: X Summar		Trust Ass	sociation Other	L	Year of formation	on: 201	. 8 M S	state of le	gal domicile: NY		
1 6	_			nizationlo mico	ion or most significan	t activities.				. ,			
	1	-	•		on or most significan	-					and development		
çe						ally children							
Activities & Governance		traffick	ing and	all forms	of oppression	n. See Schedul	e O for	a more	e detail	.ed d	escription.		
ern													
Š	2		_	· ·	•	tions or disposed of n				۱.	1		
8	3				rning body (Part VI, li					3	11		
es	4			-	s of the governing bo					4	11		
Σ	5				calendar year 2022					5	4		
Act	6			ers (estimate if i	• *					6	25		
`					Part VIII, column (C),		• • • • • •			7a	0		
	b	Net unrelate	d business ta	axable income	from Form 990-T, Pa	rt I, line 11		<u></u>		7b	0		
				Prior Year		Current Year							
	8	Contributions	s and grants	1,715	,261	2,258,603							
Jue	9	Program service revenue (Part VIII, line 2g)									0		
Revenue	10	Investment in	ncome (Part	VIII, column (A	A), lines 3, 4, and 7d)						0		
æ	11	Other revenu	ue (Part VIII,	column (A), lir	nes 5, 6d, 8c, 9c, 10c	, and 11e)					0		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)									2,258,603		
	13	Grants and s	similar amou	nts paid (Part I	X, column (A), lines 1	1-3)			1,380	,215	1,734,007		
	14	Benefits paid to or for members (Part IX, column (A), line 4)									0		
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								,496	391,208		
Expenses	16a	Professional	fundraising	fees (Part IX, o	column (A), line 11e)				45	,850	7,700		
)en	b	Total fundrais	sing expense	es (Part IX, col	umn (D), line 25)		138,910						
Ä	17	Other expens	ses (Part IX,	, column (A), lir	nes 11a-11d, 11f-24e)				115	,235	74,908		
	18				equal Part IX, colum				1,787		2,207,823		
	19	Revenue les	s expenses.	Subtract line	18 from line 12					,535)			
	se		•					Begir	ning of Curre	nt Year	End of Year		
ets ([20	Total assets	(Part X, line	16)					841	,703	890,874		
Ass	g 21	Total liabilitie	s (Part X, lin	ne 26)						,024	151,815		
Net Assets or	22			,	ine 21 from line 20					,679	739,059		
	rt II	Signatu	re Block							,	,		
						schedules and statements,		of my know	ledge and belie	f, it is			
true	, correct, a	and complete. De	claration of prep	arer (other than off	icer) is based on all informa	ation of which preparer has a	any knowledge.						
		Mudrey	Moore								02-20-2023		
Sig	ın İ	Signature of office	cer							L			
He		Audr	ey Moore	, CEO									
	Type or print name and title												
		Print/Type pre			Preparer's signature		Date		Check	☐ if	PTIN		
Pai	d	Sam All			1 & noi:	,	02-18-20	23	self-em	_	P01368198		
	parer			Tighth:	I OTH VUM	~	NZ-10-20			Joyeu	FOTOGT30		
	e Only			Lighthou DO Box 6					irm's EIN				
-	inj	Firm's addres	5	PO Box 6					hone no.	205	240 4004		
May	the IRS	discuse this	return with th		nam AL 35266 own above? See inst	ructions				205-			

2) Lift Up the Vulnerable, Inc. Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part 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,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
ŀ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
(Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
(Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	١		
	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			_
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.		
40	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?	40		
20 -	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		X
		200		
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		v
	aomobile government on that by, column by, mich is it in too, complete conclude i, I also I alle II in the internet in the int	-	1	Х

2) Lift Up the Vulnerable, Inc. Checklist of Required Schedules (continued) Part IV

			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		х
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		х
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
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			
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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?			
	If "Yes," complete Schedule L, Part I	25b		х
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%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (see the 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? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> · · · · · · · · · · · · · · · · · ·	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Par	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	
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 KE			
	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
0	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			
C	Enter the amount of reserves on hand	4 .		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		4.5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves." complete Form 6060	.,		

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Pá	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "l	Vo"						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI								
Se	ection 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	11							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain on Schedule O.								
b		11							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
	any other officer, director, trustee, or key employee?	[2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_	4		x				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x				
6	Did the organization have members or stockholders?		6		x				
7a		<u> </u>							
	one or more members of the governing body?		7a		x				
b		· · ·							
~	stockholders, or persons other than the governing body?		7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	· ·			Α				
•	the year by the following:								
а			8a	х					
b		:	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	· · ·							
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x				
Sec	ction 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?	Г	10a		x				
b		· · ·							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
11a		-	11a	х					
b			114	Λ_					
12a			12a	х					
b		-	12b	X					
C		·		<i>1</i> 1					
·	describe on Schedule O how this was done		12c	х					
13	Did the organization have a written whistleblower policy?	-	13	X					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approval by			Λ_					
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	T		15a	Y					
a b		-	15b	x x					
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		130						
16a									
ıva	with a taxable entity during the year?		16a		v				
b		·	ıva		X				
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	paraorparon in joint vontaro arrangomonto andor applicable loderal tax law, and take steps to saleguard the								

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	Statement #17
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 10	024-A, if applicable), 990, and 990-1

organization's exempt status with respect to such arrangements?

Γ (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)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records. 20

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Lift Up the Vulnerable, Inc.

83-1980124

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organization	on con	npen	sate	d an	y curre	ent d	officer, director, or to	rustee.	
		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	٠,	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated amount			
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or Inc	Ins	9	쥰	en Hi	Fo	1099-MISC/	1099-MISC/	organization and
	related	lividu	tituti	Officer	y em	jhes: iploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor tr	onal		Key employee	ee e				
	below	Individual trustee or director	Institutional trustee		ee	ηpen				
	dotted line)	u u	ee			Highest compensated employee				
						Ф				
(1) Audrey Moore	40.00									
Chief Executive Officer				Х		Х		112,000	0	5,283
(2) Robert Riggs	40.00									
Chief Operations Officer				Х				63,600	0	3,961
(3) Daniel Prince	1.00									
Director		х		Х				0	0	0
(4) Carolyn Suss	1.00									
Director		х		Х				0	0	0
(5) Marilyn Dixon	1.00									
Director		х		Х				0	0	0
(6) Elika Dadsetan-Foley	1.00									
Director		х		х				0	0	0
(7) Mary Boney Clark	1.00									
Director		х		х				0	0	0
(8) John Van Rens	1.00									
Vice Chair		х		х				0	0	0
(9) Linnea Smith	1.00									
Director		х		х				0	0	0
(10)Louise Coggins	1.00									
Chair		х		х				0	0	0
(11)Gustavo Quintero	1.00									
Secretary		х		х				0	0	0
(12)Lauran Bethell	1.00									
Spiritual Director		х		х				0	0	0
(13)Joann Hsieh	1.00									
Treasurer		х		х				0	0	0
(14)										
	T									

Form **990** (2022)

Fait VII Section A. Officers, Directors, 1	iusiees, i	VEN F	<u>-1111</u>	נטוכ	yee.	s, an	u ı	iignest comp	ensateu Linp	ioyees	(continuea)
(A) Name and title	(B) Average hours per week	box	, unles	Po: eck m ss per	rson is	nan one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	col	(F) nated amount of other mpensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	rom the inization and d organizations
<u>(15)</u>											
<u>(16)</u>											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
<u>(20)</u>											
<u>(21)</u>											
(22)											
(23)											
(24)											
(25)											
1b Subtotal											
c Total from continuation sheets to Part VII, Sect	ion A .										
d Total (add lines 1b and 1c)								175,600	0		9,244
2 Total number of individuals (including but not limited	ed to those lis	ted ab	ove)	who	o rec	eived	mor	e than \$100,000 of			
reportable compensation from the organization											1
• Dill : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											Yes No
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule			-		-					3	.,
4 For any individual listed on line 1a, is the sum of re										3	X
organization and related organizations greater that											
individual										4	x
5 Did any person listed on line 1a receive or accrue	compensatio	n from	any	unre	elate	d orga	niza	ation or individual			
for services rendered to the organization? If "Yes,"	' complete So	chedule	e J fo	or su	ich p	erson				5	х
Section B. Independent Contractors											
1 Complete this table for your five highest compensation.	•										
compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ar er	nding \	with	or within the organi	zation's tax year.		
(A) (B) (C)											
Name and business address Description of services Compensation								sation			
2 Total number of independent contractors (including received more than \$100,000 of compensation fro	_		hose	liste	ed at	oove) v	who				

Part VIII

		Check if Schedule O contains a response	e or no	te to any line in this	Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s, Grants mounts	1a b c	Federated campaigns	1a 1b 1c 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e f g	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in	1e 1f	2,258,603				
Cont and C	h	lines 1a-1f	1g 		2,258,603			
Program Service Revenue	d e	All other program service revenue						
	3	Total. Add lines 2a-2f	erest, a	and				
	5 6a b	Royalties	<u></u>					
	d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory 6c (i) Securition (ii) Securition (iii) Securiti		(ii) Other				
evenue	С	Less: cost or other basis and sales expenses 7b Gain or (loss)						
Other R	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	- 8a					
	c 9a b	Less: direct expenses	9a 9b					
	10a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	10a					
Miscellanous Revenue	11a b c	All other revenue						
		Total. Add lines 11a-11d			2,258,603	0	0	0

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	1,734,007	1,734,007		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	175,600	87,800	56,000	31,800
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	176,329	52,000	61,145	63,184
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,918		9,959	9,959
10	Payroll taxes	22,904	9,849	7,167	5,888
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,211		1,211	
С	Accounting	14,861		14,861	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .	7,700			7,700
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,147		1,147	
12	Advertising and promotion	2,255			2,255
13	Office expenses	128		128	
14	Information technology	5,960		5,960	
15	Royalties				
16	Occupancy				
17	Travel	14,984		14,984	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,119		4,119	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	298		298	
23	Insurance	6,344		6,344	
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.)				
а	Printing and publications	12,047			12,047
b	Postage and shipping	1,787			1,787
С	Telephone and internet	1,533			1,533
d	Bank, wire, credit card fees	2,921		2,921	
е	All other expenses	1,770		835	935
25	Total functional expenses. Add lines 1 through 24e · ·	2,207,823	1,883,656	187,079	137,088
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 if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	525,978	1	668,628
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	97,105	4	67,035
	5	Loans and other receivables from any current or former officer, director,	,=		,
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	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	139	10c	
	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	218,481	15	155,211
	16	Total assets. Add lines 1 through 15 (must equal line 33)	841,703	16	890,874
	17	Accounts payable and accrued expenses	1,649	17	3,013
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab-		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	152,375	23	148,802
	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	154,024	26	151,815
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	687,679	27	739,059
Ва	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
Ę.	00	and complete lines 29 through 33.		00	
ဝ	29	Capital stock or trust principal, or current funds		29	
se	30 24	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated income, or other funds	COT CTO	31	720 050
Ne Ne	32	Total liabilities and not assets/fund balances	687,679	32	739,059
	33	Total liabilities and net assets/fund balances	841,703	33	890,874

Form 990 (2022) Lift Up the Vulnerable, Inc.	83-19801	L24	Pa	age 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,	258,	603
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,	207,	823
3 Revenue less expenses. Subtract line 2 from line 1	3		50,	780
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		687,	679
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			600
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		739,	059
Part XII Financial Statements and Reporting			•	
Check if Schedule O contains a response or note to any line in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: X 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				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain on				
Schedule O.				

EEA Form **990** (2022)

3a

3b

Х

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	Name of the organization Employer identification number							
Lift Up the Vulnerable, Inc.					83-1980124			
Part	: I	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	te this p	oart.) See instruction	ons.
The or	gar	nization is not a private foundation be	cause it is: (For line	es 1 through 12, check or	nly one box	(.)		
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2	Ц	A school described in section 170(b	o)(1)(A)(ii). (Attach	Schedule E (Form 990).)				
3	\sqsubseteq	A hospital or a cooperative hospital	service organizatio	n described in section 1	70(b)(1)(A)	(iii).		
4	Ш	A medical research organization ope	erated in conjunctio	n with a hospital describe	ed in secti	on 170(b)(1)(A)(iii). Enter the	
	_	hospital's name, city, and state:						
5	Ш	An organization operated for the bei	nefit of a college or	university owned or oper	ated by a o	governmen	ital unit described in	
	_	section 170(b)(1)(A)(iv). (Complete	Part II.)					
6	Ц	A federal, state, or local governmen	t or governmental ເ	init described in section	170(b)(1)(A)(v).		
7	Ш	An organization that normally receiv	•		vernmenta	ıl unit or fro	om the general public	
	_	described in section 170(b)(1)(A)(v		,				
8	\sqcup	A community trust described in sect						
9	Ш	An agricultural research organization				•	-	
		or university or a non-land-grant col	lege of agriculture (see instructions). Enter t	he name, c	ity, and sta	ate of the college or	
		university:						
10	X	An organization that normally receive receipts from activities related to its						
		support from gross investment incor	me and unrelated b	usiness taxable income (less sectio	n 511 tax)		
	\Box	acquired by the organization after Ju	•	. , , , , ,		,		
11	H	An organization organized and oper	•				4.0	
12	Ш	An organization organized and oper	•			•		
		one or more publicly supported orga						песк
		the box on lines 12a through 12d that Type I. A supporting organization	• •				_	
а		the supported organization(s) th		· · · · · · · · · · · · · · · · · · ·		. •	.,	
		supporting organization. You m			illy of the c	iii ectors or	trustees of the	
b		Type II. A supporting organizati	•		th its sunna	orted organ	nization(s) by having	
~		control or management of the si	•				. , , ,	
		organization(s). You must com			0.000		aage and cappointed	
С		Type III functionally integrated			nection wit	h. and fund	ctionally integrated with	
		its supported organization(s) (se		·				,
d		Type III non-functionally integ	,	· · · · · · · · · · · · · · · · · · ·				s)
		that is not functionally integrated						*
		requirement (see instructions).	•	•		•		
е		Check this box if the organization	-				, Type II, Type III	
		functionally integrated, or Type	III non-functionally i	integrated supporting org	anization.	• •		
f	Е	nter the number of supported organiz						
g	Р	rovide the following information abou	ut the supported org	ganization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you		support (see	other support (see
				above (see instructions))	docum	ient?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
<u> </u>								
(C)								
(D)								
(E)								
Total							<u> </u>	

Schedule A (Form 990) 2022 Page 2 Lift Up the Vulnerable, Inc. 83-1980124 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020(d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020(d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets Total support. Add lines 7 through 10 11 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage % Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check П 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported П 10%-facts-and-circumstances test - 2021, If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	2,258,603	7,664,256
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	2,258,603	7,664,256
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	255,000	18,517	250,000	325,106	330,925	1,179,548
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	330,925	1,179,548
8	Public support. (Subtract line 7c from						
	line 6.)						6,484,708
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	822,193	755,360	2,112,839	1,715,261	2,258,603	7,664,256
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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	822,193		2,112,839			7,664,256
14	First 5 years. If the Form 990 is for the or	•			•	` '	` ′ —
Socti	organization, check this box and stop her on C. Computation of Public Support						<u>x</u>
	Public support percentage for 2022 (line 8			2 column (f\)		15	 %
15 16	Public support percentage from 2021 Sch	. , , ,				16	
	on D. Computation of Investment Inc					10	70
17	Investment income percentage for 2022 (li			v lino 12 colum	on (f))	17	%
	Investment income percentage from 2021					18	
18 19a	33 1/3% support tests - 2022. If the organ						
130	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2021. If the organization	-	-				
D	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization did	-	-		•	-	ons □
	i iii ato ivaniaation. Ii alo organization at	a not oncor a b		134, 31 13D, U	CON A 110 DOX A	ila occinistracti	· · · □

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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**.
- 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
)	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9с		
	10a		
	10b		
edu	le A (Fo	orm 990	0) 2022

EEA Schedule A (Form 990) 2022

Part I	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
04! -	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		V	NI-
4			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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
	The safety of the same		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			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			
	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).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sactio	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see I	inetri	ıction	16)
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	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 Part VI the role played by the organization in this regard	3b		1

Schedul	e A (Form 990) 2022 Lift Up the Vulnerable, Inc.		83-19801	.24	Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(explain</i>	in Part VI).	See
	instructions. All other Type III non-functionally integrated supporting organization	zatio	ns must complete Sections	A through E	Ξ.
Socti	Section A - Adjusted Net Income		(A) Prior Year	(B) Currer	nt Year
			(A) I IIOI Teal	(option	nal)
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			
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
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			
Secti	on 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				

Schedule A (Form 990) 2022 EEA

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

(see instructions).

Schedul Part	E A (Form 990) 2022 Lift Up the Vulnerable, I V Type III Non-Functionally Integrated 509(a)(3			80124	Page 7
	on D - Distributions	o) Supporting Organi	zations (continued)	Curren	nt Year
	Amounts paid to supported organizations to accomplish ex	vemnt nurnoses	1,	1	
2	Amounts paid to supported organizations to accomplish e. Amounts paid to perform activity that directly furthers exen			•	
	organizations, in excess of income from activity	Tipt purposes or support		2	
3	Administrative expenses paid to accomplish exempt purpo	nses of supported organi		3	
4	Amounts paid to acquire exempt-use assets	oscs of supported organi		4	
5	Qualified set-aside amounts (prior IRS approval required)	- nrovide details in Part		5	
6	Other distributions (describe in Part VI). See instructions.	provide detaile in Turt		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp		•	
·	(provide details in Part VI). See instructions.	tilo organization io roop		В	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			0	
	Elife o afficially afficed by fille o afficially		(ii)		ii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2022	Distrib	-
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
_	Evenes from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-PF.

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

2022

Lift Up the Vulnerable, Inc. 83-1980124 Organization type (check one): Filers of: Section: **X** 501(c)(**3** Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Lift Up the Vulnerable, Inc.

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 250,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>75,000</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 258,306	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 60,000 -	Person K Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$61,646	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Lift Up the Vulnerable, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9_		\$36,000	Person K Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_11		\$12,998	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12_		\$30,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Lift Up the Vulnerable, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_13		\$19,930	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			
_14		\$8,447	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_15		\$12,000	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_16		\$8,650	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>17</u>		\$11,000	Person X Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_18		\$9,200	Person X Payroll Complete Part II for noncash contributions.)			

Lift Up the Vulnerable, Inc.

Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 11,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$ <u>15,000</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_		\$ 12,600	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_22		\$ 27,760	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24_		\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Lift Up the Vulnerable, Inc.

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u>		\$12,000	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
26		\$11,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>27</u>		\$10,001	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_28		\$44,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_		\$8,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Lift Up the Vulnerable, Inc.

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32_		\$7,043	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33_		\$6,520	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_		\$6,728	Person K Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35_		\$6,100	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36_		\$8,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Lift Up the Vulnerable, Inc.

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>37</u>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		. \$6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40_		\$5,000 -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41_		\$ 10,150	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$6,070	Person Payroll Noncash (Complete Part II for noncash contributions.)

Lift Up the Vulnerable, Inc.

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>		\$5,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44_		\$5,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46_		_ \$	Person X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u>		_ \$5,000 _	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48_		\$5,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)

Lift Up the Vulnerable, Inc. 83-1980124

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$10,000	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
		\$	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.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Done to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

ift	Up the Vulnerable, Inc.		83-1980124
Pa	t I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiza	tion's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the dor		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		storically important land area
	Protection of natural habitat	· <u> </u>	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a c	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired		20
u	historic structure listed in the National Register	•	. 2d
3	Number of conservation easements modified, transferred, re		•
3		leased, extiliguished, or terminated by the orga	anization during the
4	tax year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ü	otali and volunteer nours devoted to morntoning, inspecting,	manding of violations, and emoleting conservati	ion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
•	Amount of expenses mounted in monitoring, inspecting, name	and chloralistis, and chloraling conscivation c	asoments during the year
8	Does each conservation easement reported on line 2(d) above	we satisfy the requirements of section 170(h)///	\/R\/i\
Ü			
9			
3	In Part XIII, describe how the organization reports conservati balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	ote to the organization's illiandal statements ti	lat describes trie
Par		of Art Historical Treasures or Ot	ther Similar Assets
. u.	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 95		plance shoot works
ıa	of art, historical treasures, or other similar assets held for put	·	
	·		arice or public
h	service, provide in Part XIII the text of the footnote to its finant		co shoot works of
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	s exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	_	n, provide the
	following amounts required to be reported under FASB ASC		•
a	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990 Part X		\$

Par	t III Organizations Maintaining	Collections of	Art, His	storical T	reasures,	or Oth	ner Similar <i>A</i>	Assets	(cont	inued)
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the fo	lowing that m	ake sign	ificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan o	exchange pr	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations			_						
4	Provide a description of the organization's co	llections and explain	n how they	further the	organization'	s exempt	purpose in Part			
-	XIII.				9					
5	During the year, did the organization solicit or	r receive donations o	of art hist	orical treasu	res or other	similar				
·	assets to be sold to raise funds rather than to							🗖	Yes	□No
Par			art or tric	organization	13 CONCOUNT:			<u> </u>	103	
1 0	Complete if the organization a 990, Part X, line 21.		on For	m 990, Pa	art IV, line	9, or re	eported an ar	nount o	n Fo	rm
	Is the organization an agent, trustee, custodia	an or other intermed	iary for co	ntributions o	or other asset	s not				
··u			-					🗖	Yes	□No
b	If "Yes," explain the arrangement in Part XIII a							ப	103	
b	ii res, explain the arrangement ii r art Air a	and complete the lo	nowing tal	лс.			Ι	mount		
•	Beginning balance					. 1c	 	inount		
C	Additions during the year									
d	Distributions during the year									
e	Ending balance									
f	_						<u> </u>	П		П.
2a	Did the organization include an amount on Fo					•		_		∐ No
Dor.	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation	has been p	rovided on Pa	art XIII			<u>··</u>	
Par				000 D	out IV/ line	10				
	Complete if the organization a	answered tes	OH FOH	11 990, P						
	-	(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three years bac	k (e) l	Four yea	rs 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 curre	ent year end balanc	e (line 1g,	column (a)	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that a	are held and	administered	for the				
	organization by:	-							Ye	s No
	(i) Unrelated organizations							3a	(i)	
	(ii) Related organizations							За	``	
b	If "Yes" on line 3a(ii), are the related organiza								b	
4	Describe in Part XIII the intended uses of the									<u> </u>
Par										
	Complete if the organization a		on For	m 990. Pa	art IV. line	11a. S	ee Form 990	. Part X	. line	10.
	Description of property	(a) Cost or oth		1	r other basis		Accumulated		Book val	
	Description of property	(investme		1 ' '	other)	. ,	preciation	(u)	JUUK Vai	iue
	Land		,	+ '	,	30				
1a	Land	•		1						
b	Buildings	•		+						
C	Leasehold improvements				0.75					
d	Equipment			1	2,500		2,500			
<u>e</u>	Other	<u> </u>		<u> </u>	,					
ı otal.	Add lines 1a through 1e. (Column (d) must equ	uai ⊢orm 990, Part X	k, column	(ʁ), Iine 10c	.)					

Schedule D (Fo		•	83-1	980124	Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Fo	rm 990. Part IV. lir	ne 11b. See Form 9	990. Part X. li	ne 12.
	(a) Description of security or category	(b) Book value		nod of valuation:	
	(including name of security)		Cost or end-	of-year market value	
(1) Financial					
• •	eld equity interests				
(3) Other					
(A)					
(B)					
(C)		+			
(D)		+			
(E) (F)					
(G)		+			
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	+			
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	ne 11c. See Form 9	90, Part X, li	ne 13.
	(a) Description of investment	(b) Book value	1	nod of valuation: of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 000 Dort IV lir	o 11d Soo Form ()00 Bort V li	no 15
	<u> </u>	iiii 990, Fait IV, III	le 11d. See I Oilli s		
(1bmana i	d expenses			(b) Book v	
(2)	u expenses				155,211
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)				155,211
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" on Fo line 25.	rm 990, Part IV, lir	ne 11e or 11f. See l	Form 990, Pa	art X,
1.	(a) Description of liability (b) Book	value			
(1) Federal	income taxes				
(2)					
(3)					

1. (a) Description of liability	(b) Book 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.)	

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

Part		Neturn.	
	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		
	Recoveries of prior year grants	-	
C		-	
d		-	
е	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	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 • • • • • • • • • • • • • • • • • •		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 12.)	5	
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses	-	
C		-	
d		-	
e	• · · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	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.)		
С	Add lines 4a and 4b	4c	
		<u> </u>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
5 Part			
Part		5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	XIII Supplemental Information.	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
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Part Provide	Supplemental Information. e 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 IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part	5	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Lift Up the Vulnerable, Inc. 83-1980124 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to x Yes No award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total (a) Region region (by type) (such as. expenditures for of offices in emplovees. a program service, describe specific type of and investments the region agents, and fundraising, program services, independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1)Sub-Saharan Africa Program services To provide for needs 1,734,007 (2) (3) (4) (5) (6) (7) (8) (10)(11) (12)(13)(14)(15)(16)(17) Subtotal 1 5 1,734,007 Total from continuation sheets to Part I Totals (add lines 3a and 3b)

1,734,007

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method o valuation (book, FM appraisal, otl
		Sub-Saharan						
		Africa	funding needs	1,734,007	wire transfers			

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (h) Method of valuation (d) Amount of (e) Manner of (f) Amount of (g) Description recipients cash grant cash noncash of noncash assistance (book, FMV, appraisal, other) disbursement assistance (2) (3) (4) (5) (6) (7) (9) (10)(11) (12) (13) (14) (15) (16)

(17)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	x	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	ĸ	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	x	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a 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 Fund (see Instructions for Form 8621)	Yes	x	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	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 Instructions for Form 5713; don't file with Form 990)	Yes	x	No

Schedule F (Form 990) 2022

Page 5

Part V **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.

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 receive the
requests and review each one independently and thoroughly, involving the Chief Operations
Officer and/or 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 hold
weekly phone calls with each recipient director to discuss use of disbursed funds, as well
as current conditions and any additional emergency needs.

EEA Schedule F (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 83-1980124 Lift Up the Vulnerable, Inc. 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

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

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

See explanation for Line 15a

conditions of work.

Schedule O (Form 990) 2022 Page **2**

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	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	d other
governing documents upon request.	
governing documents upon request.	