		294932280	3305	(
om <b>990</b>	- به	 Return of Organization Exempt From Income Tax	OMB No 1545-00	47
-01111	# P	 Return of Organization Exempt From medine rax	0040	

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

2019

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

	Internal	Revent	Service	► Go to w	ww.irs.gov/Form990	for instructions an	d the lates	t informat	tion.		Inspection	
	A F	or the	2019 calendar	year, or tax year begin:	ning	07-0	1 , 2019,	and endi	ng	12	<u>-31 ,2019</u>	
	<b>B</b> cr	neck if a	pplicable	C Name of organizationLi	C Name of organizationLift Up the Vulnerable, Inc.							
1	☐ Ad	idress c	hange	Doing business as							83-1980124	
ĺ	Ne	Name change Number and street (or PO box if mail is not delivered to street address) Room/suite									one number	
Ì	=	tıal retu	•	PO Box 709		•					(646) 481-8948	
ì	=		m/terminated		vince, country, and ZIP or for	eran nostal code				G Gross		
ì	=	nended		New York, NY 10		orgin poolali oodo				8	755,360	
	<b>a</b>			F Name and address of pri		Mooro			H/a) to the a		or subordinates? Yes X No	
	_ ~	piicatio	n pending		· -	MOOLE	$\sim$	7	l ' '		7 7	
			Fol	Same as C above  1(c)(3)	) ◀ (insert no )	талин П	24 /	/	H(b) Are all			
						4947(a)(1) or 5	24//		ł		(see instructions)	
		ebsite		Liftupthevulnera orporation Trust Asse		<del>\</del>		. 001	H(c) Group			
ı	Par		rganization X Co	orporation Trust Ass	ociation Other	\	. Year of forma	ation 201	.8 M	State of lega	al domicile NY	
Į.	Ган			4b		<u></u>				<u>-</u>		
		1	•	the organization's mission	•						in Africa to	
	ė			people, especia					•	traff	icking and all	
	Ē		forms of o	ppression. See	Schedule O for	a more detai	led des	cription	on.		<del></del>	
	ern	١.	<del></del>	- Ci	<del> </del>	<del></del>					<del> </del>	
	Š	2		▶ ☐ if the organization	· ·	· ·			net assets	1 1		
	∞5	3		ng members of the gover	• • • •	•	• • • • • •	·\.		. 3	6_	
	es	4		pendent voting members	•	• •	• • • •	//		. 4	6	
	Activities & Governance	5		findividuals employed in	•	Part V, line 2a)	• • • • •	· · · · • ·	• • • • •	· 5	3	
	Ç	6		volunteers (estimate if n	• • •		• • • • •		• • • • •	· 6	50	
		7a	Total unrelated	business revenue from F usiness taxable income t	Part VIII, column (C), I	ine 12 RECEIVED IN C	OBBES	· · · · [ ·		·   7a	0	
		b	Net unrelated b	usiness taxable income t	from Form 990-T, line	IRS - OSC	- 13	<del></del>	<u></u>	.   7b	0	
							,0		Prior Year		Current Year	
		8		nd grants (Part VIII, line	<del>-</del>	APR 2 4 7	020	· ·	822	2,193	755,360	
	ğ	9	•	e revenue (Part VIII, line	•		7	· ·	<del></del>		0_	
	Revenue	10		ome (Part VIII, column (A	• • • • •			· · ├──			<u>0</u>	
	æ	11		(Part VIII, column (A), lin		,						
		12		add lines 8 through 11 (n				-		2,193	755,360	
21		13		ilar amounts paid (Part I)	• • •	•		· ·	698	3,898	447,819	
202		14	•	or for members (Part IX		• • • • • • • •		· ·			<u></u>	
00		15		compensation, employee	•	umn (A), lines 5-10)	• • • •	· ·	105	5,410	65,544	
,	nse			ndraising fees (Part IX, co		• • • • • • • • •		• •			<u> </u>	
$\alpha$	Expenses	b		g expenses (Part IX, colu	•		56,555	<u> </u>				
MAR	Ω	17		s (Part IX, column (A), lin		• • • • • • • •		· ·	83	3,538	42,477	
_		18	•	Add lines 13-17 (must e	•		• • • • • •		887	7,846	555,840	
		19	Revenue less e	xpenses. Subtract line 1	18 from line 12		• • • • •	• • •	(65	5,653)	199,520	
SCANNED	Net Assets or Fund Balances							Begir	nning of Curr		End of Year	
Z	sets	20	Total assets (Pa	•	• • • • • • • • • •			• •		5,593	133,867	
$\ddot{\circ}$	nd E	21	Total liabilities (I	•				· ·		2,246	0	
ၯ	_	22		ind balances Subtract li	ne 21 from line 20		<u> </u>		(65	5,653)	133,867	
Į	Part		Signature					<del> </del>				
				e that I have examined this return ation of preparer (other than office				t of my knowl	ledge and beli	et, it is		
•			<b>\</b>	1 1 1 1 M	-			· · · · · · · · · · · · · · · · · · ·				
	Sign			Tarrey Mos	יטיע	-					03-22-2020	
	_	- 1	Signature of	omcer )						Date	3	
Here Audrey Moore, Executive Director Type or print name and title												
			<u> </u>		Bennamen augustus		Date		<del> r</del>	<del>                                      </del>	DTIN	
	الا: ١		Print/Type prepare		Preparer's signature	ll_	Date		Check	U "	PTIN	
	Paid		Sam Allis			xu _	03-23-2		self-em	ployed	P01368198	
	Prep		Firm's name	•	se CPA, LLC		· · · · · · · · · · · · · · · · · · ·		ım's EIN 🕨		<del></del>	
,	Use (	Only	Firm's address					P	hone no			
•					am AL 35266			<u>_</u> <u>_</u>			249-4894	
- 1	viay th	ie iRS	aiscuss this reti	um with the preparer sho	own above? (see instr	uctions) · · · ·					· · · 🔀 Yes 🗌 No	

Form	m 990 (2019). Lift Up the Vulnerable, Inc. 83-1980124	Page 2
	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	🗆
1	Briefly describe the organization's mission	
	The organization provides aid in Africa to vulnerable people, especially children and wom	en mos
	at-risk for human trafficking and all forms of oppression. See Schedule O for a more deta	
		<u> </u>
	description.	
2	Did the organization undertake any significant program services during the year which were not listed on the	···
2		l No
	·	] 140
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No No
		] NO
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
4a		)
	The organization provided complete support for ministries that provided shelter, food, me	dical
	care, education and discipleship to orphans. The organization continued to communicate th	e
	desperate need to combat human trafficking and human oppression on a global scale, effect	ıvely
	mobilizing many people. Additionally, the organization helped network and rally internati	<u>onal</u>
	agencies combating human trafficking to share ideas and learn from experience, study, and	
	observations.	
4b	(Code ) (Expenses \$) (Revenue \$)	)
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	(oode	<u> </u>
4d	,	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 449,291	
EEA	Form	<b>990</b> (2019)

Page 3

#### Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I X 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 . . . . . . . . . . . . . . . . . . . Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 Х Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? If "Yes," complete Schedule D, Part V х 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII . . . . . . *. . .* . . Х c 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 X d 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 x e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . . . . . . . . . . . X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

			Van	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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		
C	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		_x_
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%	26		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	20		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 Schedule L, Part	<u> </u>		
	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 lines 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? If "Yes," complete Schedule M	29		X
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		X
35a	Did the diganization have a controlled citally within the meaning of coolers a Left, 107	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	Controlled entity within the meaning of section 512(5)(15)* # 165, Complete Schools 11, Fart V, mis 2	330		
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		v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	30		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del></del>		
30	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	x	
Par				
<u>. aı</u>	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	
FFA		Form	990 (2	2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X **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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? x 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . . . . X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 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? x If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с x If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . x If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a g 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the R 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources b 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a is the organization licensed to issue qualified health plans in more than one state? а 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 13b С 14a x Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16

If "Yes," complete Form 4720, Schedule O

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	,		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion 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 · · · · · · · · · · · · · · · · · · ·			
	If there are material differences in voting rights among members of the governing body, or			ł
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		- 1	
	any other officer, director, trustee, or key employee?	2		${x}$
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
74	one or more members of the governing body?	7a		v
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
þ		7b		1,7
	energian personal and man me governing and	7.0		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
_	the year by the following  The governing body?	 8a		—
a	The goroning body	8b	х	
þ		OD	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9	- 1	v
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		1	<u>x</u>
000	This Section B requests information about policies not required by the internal Nevenue Code y		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			- (
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
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			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	x	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			[
	with a taxable entity during the year?	16a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			]
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed New York		-	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)		,	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year	٠ سير	الشور.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	-		
20	Lighthouse CPA, LLC (205)249-4894, PO Box 660324, Birmingham, AL 35266			
	bighthouse Crm, blc (200)245-4034, FO BOX 000324, billmingham, Ab 33200			

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Form 990 (201	9) Lift Up the Vulnerable, Inc.	83-1980124	Page
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

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

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

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

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

Check this box if neither the organization nor any relate	u organization	COM	Jens			Currer	IL OI	ficer, director, or tru	Siee_	
		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated amount
	hours							compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(fist any hours for	악	Inst	Officer	<u>s</u>	en H	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	vidu	T Ltc	ę	em	hest	mer			related organizations
•	organizations	or to	nal		Key employee	8 %				
	below	Individual trustee or director	Institutional trustee		ř	pen				
	dotted line)		ě			Highest compensated employee				
·				_						
(1) Louise Coggins	2.00									
Chairman		х		_X				0	0	00
(2) Linnea Smith	2.00									
Vice Chair	<u></u>	Х		X				0	0	0
(3) John Van Rens	2.00									
Secretary	<u> </u>	Х		_x	Щ			0	0	0
(4) Joann Hsieh	2.00									
Treasurer		X	$\Box$	Х				00	0	0
(5) Lauran Bethell	2.00									
Director		Х		X				00	0	0
(6) Gustavo Quintero	2.00									
Director		Х		Х				0	0	0
(7) Audrey Moore	40.00									_
Executive Director				Х		Х		22,480	0	0_
(8)	<b></b> -									
(9)										
	ļ		$\dashv$						•	<del></del> _
(10)									`	
					$\blacksquare$					
<u>(11)</u>										
								<del>-</del>		
(12)										
			-							
<u>(13)</u>	<b></b>									Chien was
			$\vdash$	$\vdash$				<u> </u>		-
(14)	<b></b>									
	L	L					Щ.		l	<u> </u>

Page 8

Part VII   Section A. Officers, Directors, Trustees, I  (A)  Name and title		(B) Average hours per week	(do r box,	not che unles	Po: eck m	(C) sition nore th	nan one s both ar /trustee)	1	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
<u>(15)</u>											
<u>(16)</u>											
(17)					•				,		
<u>(18)</u>										-	
(19)											
<u>(20)</u>											-
(21)							-				
(22)					•						
(23)											
(24)											
(25)											
1b	Subtotal		• • •	• •		• •		· •			
C	Total from continuation sheets to Part VII, Secti		• • •					· •			
d	Total (add lines 1b and 1c)						_	· ▶ nore	22,480 than \$100,000 of	0	0
	reportable compensation from the organization	<u> </u>									0
3	Did the organization list any former officer, director,	trustee, kev e	mplove	ee. oi	r hia	hest	comp	ensa	ted		Yes No
	employee on line 1a? If "Yes," complete Schedule J										3 X
4	For any individual listed on line 1a, is the sum of re-										
	organization and related organizations greater than \$\frac{1}{2} \cdot \										4 x
5	Did any person listed on line 1a receive or accrue of										4 X
•	for services rendered to the organization? If "Yes," or										5 X
Section	on B. Independent Contractors										
1	Complete this table for your five highest compensa										
	compensation from the organization Report compe	ensation for t	ne cale	nuar	yea	ar en	uing w	1010	(B)	ations tax year	(C)
	Name and business addres	s _							Description of service	es	Compensation
	Total number of independent or treatest (includes	hut not limit	ad to th		licto	d ab	ων <u>ο</u> ν	he.			
2	Total number of independent contractors (including received more than \$100,000 of compensation from			iuse •	1131E	u au	JVE) V				

rait	7 111	Statement of Revenue		Dank V ((())			
	_	Check if Schedule O contains a response or no	le to any line in this i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					30000013 012 014
	b	Membership dues 1b		i			
ants nts	c	Fundraising events 1c					
Gra	d	Related organizations 1d					
ξĀ	e	Government grants (contributions) · · 1e					
9	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts	١.	and similar amounts not included above	755 360				
	_ ا	Noncash contributions included in	755,360				i
重현	g		e				
ă S	h		\$	755,360			
	- "	Total. Add lines 1a-11	Business Code	755,360			
_	2a		Busiliess Code				
<u>i</u>	b			-	•		
e S							-
, Le	6	•					
<u>ĕ</u> <u>a</u>	d						-
Program Service Revenue	6	All other program service revenue				<del></del>	
<u>.</u>						-	<u> </u>
					***		
	3	Investment income (including dividends, interest, a other similar amounts)					
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a		(II) F ersorial				
		<del></del>				1	
						1	!
							· · ·
	u	(111)					
	7a	Gross amount from sales of assets	(ii) Other				
		other than inventory Less cost or other basis					
<u>a</u>	b	Less cost or other basis and sales expenses 7b					
Revenue	_	Gain or (loss) 7c				-	
ě		Net gain or (loss)					
_		Gross income from fundraising	T				
Other	- Ou	events (not including \$	,				
U		of contributions reported on line					
		1c) See Part IV, line 18 · · · · · · · 8a					
	h	Less direct expenses 8b	<del>   </del>	•			
		<del></del>					
		Gross income from gaming				-	
	-	activities, See Part IV, line 19 9a					
	b	Less direct expenses 9b					
			· · · · · •				
		Gross sales of inventory, less					
	iva	returns and allowances 10a	.				
	ь	Less cost of goods sold 10t					
	_		Business Code				
S	11a			·			
ino Tue	b						
ella ver	c						
Miscellanous Revenue	l '	All other revenue					
Σ	е	Total. Add lines 11a-11d	<u></u> . <b>&gt;</b>				
		Total revenue. See instructions		755,360	0	0	0
FFA							Form 990 (2019)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 447,819 447,819 Benefits paid to or for members . . . . . . . . . Compensation of current officers, directors, 22,480 22,480 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 38,406 38,406 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 4,658 1,720 2,938 11 Fees for services (nonemployees) 2,826 2,826 С 14,483 14,483 Lobbying Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 2,643 12 Advertising and promotion . . . . . . . . . . . . . . 2,643 13 Office expenses . . . . . . . . . 254 254 14 120 3,025 Information technology . . . . . . . . . . . 3,145 15 <u>13</u>6 136 16 17 1,608 1,608 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 357 357 23 3,144 3,144 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) 7,306 Printing and publications 7,306 1,220 1,220 Postage and shipping 1,017 1,017 Telephone and internet 2,866 1,472 Bank, wire, credit card fees 4,338 All other expenses <u>56,5</u>55 Total functional expenses. Add lines 1 through 24e · · · 449,291 49,994 25 555,840 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)

Total liabilities and net assets/fund balances ......

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 1 Cash - non-interest-bearing 4,272 43,915 2 2 3 Pledges and grants receivable, net 3 4 88,146 4 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 **Assets** 8 Inventories for sale or use . . . . . 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . . . Less accumulated depreciation . . . . . . . . . . . . . . . . 10b 2,321 10c 1,806 694 b 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 ...... 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 6,593 133,867 17 12,245 17 18 18 19 19 Deferred revenue 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 60,000 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 Total liabilities. Add lines 17 through 25 26 72,246 26 0 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 (65,653)133,867 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions . . . . . . . . . . . . . . . . . . . Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds (65,653) 32 133,867 32

Form 990 (2019)

133,867

6,593

33

33

		3-198	0124	P	age 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				<u>· 🛛 _</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		755	360
2	Total expenses (must equal Part IX, column (A), line 25)	-		555,	840
3	Revenue less expenses Subtract line 2 from line 1	-		199,	520
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		(65	<u> 653)</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		133,	867
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		· · · · ·	<u></u>	_ـــــــــــــــــــــــــــــــــــــ
				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 in				
	Schedule O			.	اــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · 2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		· · 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1
	separate basis, consolidated basis, or both				İ
	Separate basis Consolidated basis Both consolidated and separate basis				ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · 2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				ļ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		· · 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>			<u> </u>
EEA			Forr	n <b>990</b> (2	2019)

#### SCHEDULE A

**Public Charity Status and Public Support** 

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

OMB No 1545-0047 2019

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

83-1980124 Lift Up the Vulnerable, Inc. Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III. Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (i) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Sche	dule A (Form 990 or 990-EZ) 2019 Lift Up t	he Vulnerak	ole, Inc.			83-198012	
Pa	art II Support Schedule for Organiza						/i) /
	(Complete only if you checked the						ify under
	Part III If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III)	
	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	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			ļ			
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						_
5	The portion of total contributions by						
	each person (other than a			/	1		
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
se	ction B. Total Support		/		-		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016/	(c) 2017	(d) 2018	(e) 2019	(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	/	<i>Y</i> /				
9	Net income from unrelated business		/				
	activities, whether or not the business	//					
	is regularly carried on	//					
10	Other income Do not include gain or			· · · · · · · · · · · · · · · · · · ·			
	loss from the sale of capital assets	/ /					
	(Explain in Part VI )						
11	Total support. Add lines 7 through 10 · · /	//					<del>-</del>
12	Gross receipts from related activities, etc (s	ée instructions	<u> </u>			12	
	First five years. If the Form 990 is for the org						
	organization, check this box and stop here						▶[
Se	ction C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6, c	column (f) divide	ed by line 11 o	column (ft)		14	9
	Public support percentage from 2018 Sched					15	9/
	a 33 1/3% support test - 2019. If the organization						
102	box and stop here. The organization qualifies						
1	33 1/3% support test- 2018. If the organization						
•	this box and <b>stop here.</b> The organization qua						
174	ı 10%-facts-and-çircumstances test - 2019. l	•		-			, _
1/6							
	10% or more, and if the organization meets the Part VI how the organization meets the "facts						ad
				_			su ▶ Г
	, , ,						
	organization :						
	organization /	f the organizati					
	organization / · · · · · · · · · · · · · · · · · ·	f the organizati ets the "facts-a	nd-circumstan	ces" test, checl	k this box and <b>s</b>	top here.	d.
	organization	If the organizati ets the "facts-a is the "facts-an	nd-circumstand d-circumstance	ces" test, checl es" test The o	k this box and <b>s</b> rganization qua	<b>top here.</b> Ilifies as a public	sly
ı	organization	If the organizating the state of the state o	nd-circumstand d-circumstance	ces" test, checles" test. The o	k this box and <b>s</b> rganization qua 	top here. Ilifies as a public	dy ▶ [
ı	organization	If the organization of the	nd-circumstand d-circumstand  on line 13, 16a,	ces" test, checles" test. The of the officers of 17a, or 1	k this box and s rganization qua 	top here.  Ilifies as a public	• [

Schedule A (Form 990 or 990-EZ) 2019

Lift Up the Vulnerable, Inc.

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

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

_	endar year (or fiscal year beginning in)	(2) 2015	(h) 2016	(a) 2017	(4) 2019	(a) 2010 T	(f) Total
		(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	, <b>3</b> ,						
2	received (Do not include any "unusual grants") 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				822,193	755,360	1,577,553
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	L					_
6	Total. Add lines 1 through 5				822,193	755,360	1,577,553
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				255,000	18,517	273,517
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b				255,000	18,517	273,517
8	Public support. (Subtract line 7c from						
	line 6 )						1,304,036
	ction B. Total Support			1	· · · · -,-		
	endar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6				822,193	755,360	1,577,553
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					1	
_	royalties, and income from similar sources · ·				, .		
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		-				
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
42	<b>5</b> ,			-			
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
.,	and 12)			0	822,193	755,360	1,577,553
14	First five years. If the Form 990 is for the org						1,377,333
17							▶ 🛚
Se	ction C. Computation of Public Support						
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched	* * *	•			16	%
	ction D. Computation of Investment In					<u> </u>	
	Investment income percentage for 2019 (line			e 13, column (f)	)	17	%
18	Investment income percentage from 2018 Sci					18	%
	33 1/3% support tests - 2019. If the organiza					n 33 1/3%, and I	
	17 is not more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the organiza						
	line 18 is not more than 33 1/3%, check this b						
20	Private foundation. If the organization did no						▶ ∏
			,1	·			

# 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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number			
Lıf	t Up the Vulnerable, Inc.		83-1980124			
Pa		nds or Other Similar Fu	inds or Accoun	ts.		
	Complete if the organization answered "Yes" on					
		(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 wri	ting that the assets held in do	nor advised			
	funds are the organization's property, subject to the organization	-				
6	Did the organization inform all grantees, donors, and donor adv		ds can be used			
_	only for charitable purposes and not for the benefit of the donor					
Pa	rt II Conservation Easements.			<u> </u>		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	7			
1	Purpose(s) of conservation easements held by the organization					
•	Preservation of land for public use (e.g., recreation or educ		Preservation of a	historically important land area		
	Protection of natural habitat			certified historic structure		
	Preservation of open space	_		,		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in t	he form of a conse	rvation		
_	easement on the last day of the tax year			Held at the End of the Tax Year		
а	•					
b						
c	Number of conservation easements on a certified historic struct					
d	Number of conservation easements included in (c) acquired aft					
•	• • • • • • • • • • • • • • • • • • • •			.   2d		
3	Number of conservation easements modified, transferred, release					
Ŭ	tax year	ood, oxiii.galolloo, ol tollillil				
4	Number of states where property subject to conservation easer	nent is located				
5	Does the organization have a written policy regarding the peno		ndling of			
•	violations, and enforcement of the conservation easements it he					
6	Staff and volunteer hours devoted to monitoring, inspecting, ha					
•		, and a second control of the contro	<b>9</b>	•		
7	Amount of expenses incurred in monitoring, inspecting, handlin	o of violations, and enforcing	conservation ease	ments during the year		
•	<b>▶</b> \$	g •		<b>5</b> ,		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of s	ection 170(h)(4)(B)	(1)		
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
•	balance sheet, and include, if applicable, the text of the footnote					
	organization's accounting for conservation easements					
Pa	rt III Organizations Maintaining Collections	of Art, Historical Tre	asures, or Ot	her Similar Assets.		
	Complete if the organization answered "Yes" of					
1a	If the organization elected, as permitted under FASB ASC 958,			ce sheet works		
	of art, historical treasures, or other similar assets held for public					
	service, provide, in Part XIII the text of the footnote to its financial					
b	If the organization elected, as permitted under FASB ASC 958,			heet works of		
_	art, historical treasures, or other similar assets held for public e					
	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 treasured					
-	following amounts required to be reported under FASB ASC 95		2			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		
b	Assets included in Form 990, Part X					
	, 1000to 11.010000 11.1 01111 000; 1 011/1					

	rt III Organizations Maintaining College			orical Tr	easures.	or Oth	er Similar As		ntinued)
3	Using the organization's acquisition, accession, and							0010 (00)	aca)
,	collection items (check all that apply)	other records, c	IICCK ally	OI THE IOHOW	ing macmak	e signine	ant use or its		
_	Public exhibition			П			_		
a	=		u	_	or exchange <sub>l</sub>	program	5		
b	Scholarly research		e	∐ Other					
C	Preservation for future generations		41 6	4141					
4	Provide a description of the organization's collections	s and explain no	w tney tur	tner the org	anization's e	xempt pu	irpose in Part		
_	XIII								
5	During the year, did the organization solicit or receive							п.,	Π.,
<u> </u>	assets to be sold to raise funds rather than to be mai		of the org	anization's o	collection?	• • • •		<u> </u> Ye	s   No
Pa	rt IV Escrow and Custodial Arranger			- 000 D-		0			
	Complete if the organization answ	verea "Yes" (	on Form	1 990, Pa	irt iv, iine	9, or re	epoπed an an	nount on i	-orm
	990, Part X, line 21								
1a	Is the organization an agent, trustee, custodian or other							_	
	·			• • • • •				🗌 Ye	s ∐ No
b	If "Yes," explain the arrangement in Part XIII and com	nplete the follow	ing table			_			_
							A	mount	
C	Beginning balance						;		
d	Additions during the year	• • • • • •				· 10	<u> </u>		
е	Distributions during the year						<u> </u>		
f	Ending balance					· 1f			
2a	Did the organization include an amount on Form 990	, Part X, line 21,	, for escro	w or custod	ial account li	ability?		· · 🔲 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII Check I	here if the expla	nation has	s been prov	ided on Part	XIII			<u>· 🛛</u>
Pai	rt V Endowment Funds.								
	Complete if the organization answ	vered "Yes" o	on Form	n 990, Pa	ırt IV, lıne	10			
	- (a)	Current year	(b) Pr	nor year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current year	end balance (lii	ne 1a. col	umn (a)) he	ld as			<b>-</b>	
а	Board designated or quasi-endowment	% `	J.	` ''					
b	Permanent endowment ▶ %								
c	Term endowment ▶ %								
_	The percentages on lines 2a, 2b, and 2c should equa	al 100%							
3a	Are there endowment funds not in the possession of		that are I	held and ad	ministered fo	r the			
-	organization by	ino organización	· mar are ·						Yes No
	(i) Unrelated organizations · · · · · · · ·							3a(i)	100   110
	(ii) Related organizations · · · · · · · · ·							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations lis	ted as required i	on Sched	ule R2				3b	
4	Describe in Part XIII the intended uses of the organiz	•							L
	t VI Land, Buildings, and Equipmen		CIT TUTIOS						
<u> </u>	Complete if the organization answ		on Form	1990 Pa	rt IV line	11a Se	ee Form 990	Part X III	ne 10
	······································			T .				(d) Boo	
	Description of property	(a) Cost or othe		1 ' '	other basis other)		Accumulated epreciation	(0) 800	r Agine
10	Lond	(3.770031101	,	+ "					
1a 	Land			<del>                                     </del>				_	
b	Buildings			-			-		
C	Leasehold improvements			-					1 000
d	Equipment			<del> </del>	2,500		694		1,806
<u>е</u>	Other			( 40 )					
<b>Fotal</b>	. Add lines 1a through 1e (Column (d) must equal For	m 990, Part X, co	oiumn (B),	. iine 10c )			🕨		1,806

# 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.

OMB No 1545-0047
2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990.
➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

Lift	Up the Vulnerable, In General Information o	c.			83-19801	
Par			Outside the Ur	nited States. Complete if the	ne organization answered 'Yes	s" on
1	Form 990, Part IV, line for grantmakers. Does the organ		rogards to subst			
'	other assistance, the grantees' eli					
	award the grants or assistance?					X Yes No
	awara the grants of assistance					<b>L</b> 100
2	For grantmakers. Describe in Pai	rt V the organiza	ation's procedures	for monitoring the use of its gra	ants and other assistance	
	outside the United States	J		· ·		
3	Activities per Region (The following	ng Part I, line 3	table can be dup	licated if additional space is ne	eded)	
	(a) Region -	(b) Number of offices in	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		the region	agents, and	fundraising, program services,	describe specific type of	and investments
			independent contractors	investments, grants to recipients located in the region)	service(s) in the region	in the region
			in the region			-
(1) S <sub>1</sub>	ıb-Saharan Afrıca	3	5	Program services	To provide for needs	706,922
(2)		<del></del>		··	-	
(2)						
(3)						
(4)						
<del>\ '</del>						
(5)						
		1				
(6)						
(7)				· · · · · · · · · · · · · · · · · · ·		
(8)			1			
<b>(0)</b>						
(9)			-			
10)						
,						
11)						
-				<u> </u>		
12)						
13)				<del></del>		
14)					<del>                                     </del>	
45\	•					
15)					<del> </del>	
16)						
. • /						<u> </u>
17)						
3a	Subtotal	3	5			706,922
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)	3	5			706,922

83-1980124 Lift Up the Vulnerable, Inc.

Schedule F (Form 990) 2019

(i) Method of valuation (book, FMV, appraisal, other) Falr marke Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (h) Description of noncash assistance food 82,685 (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. wire trans (f) Manner of cash disbursement Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 678,237 (e) Amount of cash grant funding need (d) Purpose of grant by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Sub-Saharan Afrıca (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (12) (13) (14) 9 (15) (16) Ξ 8 6 € 2 ල 3 9 9 3

EEA

Enter total number of other organizations or entitles

Schedule F (Form 990) 2019

83-1980124

Lift Up the Vulnerable, Inc.

Schedule F (Form 990) 2019

Lift Up the Vulnerable, Inc.

Part III 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 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 can be duplicated if additional space is needed

Schedule F (Form 990) 2019 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) (18) (10) (12) (13) <del>2</del> (15) (16) (17) (1) (1) 2 (3) € 3 9 6 € 6)

Schedu	leF(Form.990) 2019 Lift Up the Vulnerable, Inc. 83-1	L980124	Page 4
Par	t IV Foreign Forms		
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	X 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)	· · Tes	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	⊠ 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
EEA		Schedule F (Fo	orm 990) 2019

83-1980124

### 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 Senior Field Coordinator and Executive Director receives the
requests and reviews each one independently and thoroughly, involving the Chief Financial
Officer 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 Senior
Field Coordinator. LUV is notified via email once the funds have been disbursed to the
recipient organization(s). The Executive Director 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 Executive
Director and/or Senior Field Coordinator holds weekly phone calls with each recipient
director to discuss use of disbursed funds, as well as current conditions and any
additional emergency needs.
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### SCHEDULE O' (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Lift Up the Vulnerable, Inc. 83-1980124 01. Form 990 governing body review (Part VI, line 11) Upon completion of the organization's Form 990, the return is presented to the governing body. The governing body reviews the tax return and is free to ask any questions or engage in discussion regarding any topic covered in the return. Once the governing body has reviewed and approved the Form 990, the return is filed with the Internal Revenue Service. 02. Conflict of interest policy compliance (Part VI, line 12c) The Board Chair ensures that all Board members, officers, and key staff and employees are made aware of the organization's conflict of interest policy. All parties shall disclose all real and apparent conflicts of interest that they discover or that have been brought to their attention in connection with the organization's activities. All disclosures are noted for the record in the minutes at any meeting of the Board of Directors. 03. CEO, executive director, top management comp (Part VI, line 15a) Compensation for the top executives are based on industry standards, job performance, length of service, and hazardous conditions of work and is set by the Vice Chair with the input of the other members of the Board of Directors. The direct supervisor of all officers or key employees performs an annual review of key employee performance and sets officer or key employee compensation. Compensation for the officers or key employees is set in accordance with industry standards, job performance, length of service, and hazardous conditions of work. 04. Other officer or key employee compensation (Part VI, line 15b See explanation for Line 15a

Name of the organization	Employer identification number
Lift Up the Vulnerable, Inc.	83-1980124
	<u> </u>
05. Governing documents, etc, available to public (Part VI, line 19)	<u> </u>
The organization makes available its financial statements and other governing	r documents
The Organization makes available its linancial statements and other government	documents
upon request.	
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