

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

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

C Name of organization: LIFT Orlando Inc, % EDWARD MORATIN, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite, 710 South Tampa Avenue Suite 209, City or town, state or province, country, and ZIP or foreign postal code, Orlando, FL 32805

D Employer identification number: 46-3607865, E Telephone number: (407) 480-5053, G Gross receipts \$ 5,555,057

F Name and address of principal officer: EDWARD MORATIN, 710 South Tampa Avenue 209, Orlando, FL 32805

H(a) Is this a group return for subordinates? No, H(b) Are all subordinates included? No, H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: www.liflorlando.org

K Form of organization: Corporation

L Year of formation: 2013, M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: LIFT ORLANDO, INC. (LIFT ORLANDO) IS A NON-PROFIT ORGANIZATION WORKING WITH RESIDENTS, BUSINESS LEADERS AND COMMUNITY PARTNERS TO STRENGTHEN NEIGHBORHOODS SO (CONT ON SCH O)

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (12), 4 Number of independent voting members (10), 5 Total number of individuals employed (25), 6 Total number of volunteers (36), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0)

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (5,171,515), 9 Program service revenue (116,388), 10 Investment income (233,154), 11 Other revenue (21,923), 12 Total revenue (5,542,980)

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (2,344,150), 14 Benefits paid (0), 15 Salaries (2,587,920), 16a Professional fundraising fees (0), 16b Total fundraising expenses (520,372), 17 Other expenses (1,416,770), 18 Total expenses (6,348,840), 19 Revenue less expenses (-805,860)

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (20,503,897), 21 Total liabilities (3,251,277), 22 Net assets or fund balances (17,252,620)

Part II Signature Block

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

Sign Here: Signature of officer EDWARD MORATIN PRESIDENT, Date 2024-10-21

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date 2024-10-21, Check if self-employed, PTIN P01240455, Firm's name BDO USA, Firm's EIN, Firm's address 200 OTTAWA AVE NW STE 300, GRAND RAPIDS, MI 49503, Phone no. (616) 774-7000

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

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

Lift Orlando is a nonprofit organization working with residents, business leaders, and community partners to strengthen neighborhoods so people can thrive by providing mixed-income housing, cradle-to-career education pathways, health and wellness services, and economic viability opportunities. We intentionally invest in holistic and resident-centered tools, education, and support that is created and maintained collectively alongside residents and partners.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,635,207 including grants of \$ 1,068,987) (Revenue \$ 0)

EDUCATION: Lift Orlando's Cradle-to-Career goal is to support a high performing educational pathway beginning with early childhood all the way to promising careers. Lift Orlando supports the educational pathway by engaging community members and coordinating alignment between the community schools, community members and best in class not-for-profits, while measuring and evaluating progress towards our shared goals. To further this mission, Lift began developing a scholarship program in 2023, EmpowerEd Scholars. The program addresses identified barriers that create a lack of access to academic support resources, which can lead to students being underprepared for post-secondary education. The program includes a Scholarship Advisory Committee that recruits students/families into the program, selects recipients, advises on program components, and more. In 2023, 8 West Lakes' students were awarded scholarship funding. Lift Orlando continued its support of the West Lakes Early Learning Center (ELC) by participating in fundraising, community engagement and programmatic partner coordination. The ELC provides high quality and affordable early childhood education for the children of West Lakes. In 2023, the ELC provided 150 comprehensive speech opportunities including speech and language, ABA therapy, occupational therapy and more; 406 patients were seen in the ELC's onsite pediatric clinic serviced by Lift partner and Heart healthcare provider Community Health Centers (CHC). Lift's Education team executed its second year of an early learning program which supports early education providers in West Lakes by providing missing resources needed to nurture young children's cognitive and social emotional development for success in school. Through this program, our team invested in 18 early learning providers in the 32805 ZIP Code. These funds have been allocated to make infrastructure updates, enhance curriculum and teaching resources. Our partnership with early learning providers has impacted approximately 927 students within the 32805 ZIP Code. Lift Orlando resumed its partnership with Legends Academy, a local STEM-focused charter school serving grades K-8, to enhance literacy and education. This collaboration has provided 11 teachers with 30-40 hours of Orton-Gillingham training, impacting 179 students. The summer reading initiative and the Accelerated Reading Program greatly enhanced literacy skills, resulting in a 91.7% increase in reading scores and promoting sustained reading engagement through tailored book selections and assessments. Lift Orlando's Resource Teacher supported 38 students and 20 teachers, and 303 parents engaged in literacy training. Efforts also include purchased books & storage bins, providing supplies and aiding teacher recruitment, with additional community events drawing over 500 participants. Lift continued to work with The Jacqueline Bradley & Clarence Otis Family Branch Boys & Girls Club. Lift provided funds to purchase 75 musical instruments and accessories for use in music lessons, practice, and performances at the West Lakes' club. Sixty children (59% of club membership) participated in the 10-week summer music program and 83% continued lessons during the school year in the Club's after-school program. In 2023, Lift continued to foster relationships with and work beside school administrators, teachers, parents, and community partners to actively develop services that dismantle barriers that prevent educational advancement, while tackling historic gaps and environmental factors that inhibit a child's achievement potential. In addition to this, Lift continued to provide funding toward teacher appreciation at the Jacqueline Bradley & Clarence Otis Boys & Girls Club, Jones High School, Memorial Middle School, Rock Lake Elementary, Legends Academy, Orange Center Elementary School, and the West Lakes Early Learning Center.

4b (Code:) (Expenses \$ 1,107,376 including grants of \$ 624,205) (Revenue \$ 113,116)

HEALTH & WELLNESS: Lift Orlando works to provide a mix of high-quality facilities, programs, and services that enhance health, quality of life, and increase overall life expectancy. Lift is the sponsor of The Heart of West Lakes Wellness Center, developed and operated by West Lakes HWC, Inc. The Heart is a resident-focused center, designed to strengthen the community by providing convenient access to holistic health, financial, and lifestyle services under one roof. The two-story facility is a space for residents to connect, learn, and thrive, and features first-class amenities paired with decor that pays homage to the community's rich history. In our work to promote and provide healthy-living programs to the community, we held community work-out sessions with a local fitness trainer on the Heart of West Lakes Wellness Center's lawn. Additionally, Lift Orlando engaged in relationship building with key health and wellness partners, Florida Blue and Community Health Centers, in an effort to bridge the gap between these vital healthcare service providers and West Lakes residents. Lift Orlando and Florida Blue co-hosted two Health Equity Laboratory Experiences, conducting focus groups with 47 residents to explore their healthcare and insurance experiences. Participants highlighted that racial factors and lack of trust in providers led to delays in seeking care, with a strong emphasis on the need for personalized care and higher-quality services. The sessions also provided information on the Heart of West Lakes Wellness Center, allowing residents to voice their preferences and expectations for future healthcare services. Furthermore, Lift supported community engagement efforts such as the West Lakes Community Clean-Up, which facilitated a clean-up effort involving four communities and provided funding for a Lake Lorna Doone Park movie night.

4c (Code:) (Expenses \$ 1,100,323 including grants of \$ 41,740) (Revenue \$ 0)

COMMUNITY QUARTERBACK: As the Community Quarterback in West Lakes' Collective Impact Initiative, Lift Orlando helps to facilitate and coordinate open collaboration between residents, nonprofit partners, businesses, and community leaders, who are collectively working to strengthen The Communities of West Lakes and 32805 ZIP code. Lift Orlando collaborated with and provided funding to West Lakes Partnership (WLP) to pursue projects that increase the wealth and well-being of West Lakes residents. Alongside the Residential Paint & Beautification Program, Community Clean-Up and Dream Housing Rehab Program, WLP issues "The West Lakes Newsletter", with 22,272 individuals opened and viewed e-newsletters and 6,600 physical newsletters delivered to residents in 2023. Lift Orlando launched the Dinner Club in Fall 2023, offering free Monday evening dinners at the Heart of West Lakes Wellness Center. This initiative aimed to address food insecurity and reconnect our team with West Lakes residents through a valuable and needed service. Over the course of the program's highly successful 9-week run, 2,849 meals were served and baseline data for approximately 300 (approximately 17%) West Lakes households was acquired. Also, Lift Orlando relaunched community meetings in Q3 and Q4 2023. These town hall-style meetings invite residents to hear updates on what is occurring in their community, engage with our team and partners, provide feedback, enjoy dinner provided by Lift Orlando, and participate in focus groups. In order to monitor and evaluate how Lift and its partners are impacting the community, Lift engages Polis Institute to track and monitor impacts as well as execute a door-to-door survey to collect feedback from West Lakes residents on how they feel about the changes in their community and gather information on specific topics such as health, economic viability, education, etc. Polis recruited, trained, and managed the community surveyors, who were hired from the community. In 2023, Think Twice Consulting guided Lift Orlando through a knowledge management (KM) initiative aimed at improving efficiency, consistency, and leveraging knowledge as an organizational asset. This project allowed our team to align grant templates and data requests with new KM principles, document current data practices, identify gaps, and develop a data strategy. We also piloted data agreement frameworks with a program partner. Additionally, to enhance document management, we created and launched a new cloud storage system, the "Lift Hub," trained staff on its use, and established governance for its content.

(Code:) (Expenses \$ 455,950 including grants of \$ 161,250) (Revenue \$ 0)

ECONOMIC VIABILITY

(Code:) (Expenses \$ 431,057 including grants of \$ 59,000) (Revenue \$ 37,272)

HOUSING

(Code:) (Expenses \$ 388,968 including grants of \$ 388,968) (Revenue \$ 0)

LEASEHOLD IMPROVEMENTS TO AFFILIATES

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,275,975 including grants of \$ 609,218) (Revenue \$ 37,272)

4e Total program service expenses 5,118,881

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 10 columns: Question ID, Question Text, Sub-Section, and three columns for Yes/No/Amount. Rows include questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, contributions, and organizational structure.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on 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. 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official. 15b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 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? 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 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. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: EDWARD MORATIN 710 SOUTH TAMPA AVENUE STE 209 ORLANDO, FL 32805 (407) 618-3697

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) EDWARD MORATIN PRESIDENT	40.0 1.0	X		X			231,430	0	32,283
(2) SANDY HOSTETTER VP, ASSET DEVELOP/BOARD MEMBER	40.0 0.0	X					258,750	0	1,498
(3) MARK SHAMLEY VP OF COMMUNITY IMPACT	40.0 5.0					X	190,372	0	7,834
(4) ADRIENNE EVANS CHIEF ADMINISTRATIVE OFFICER	40.0 15.0					X	169,320	0	19,562
(5) KEYON UPKINS DIRECTOR OF ECONOMIC VIABILITY	40.0 5.0					X	115,701	0	27,273
(6) TERRY PRATHER COO (THRU 12/23)	25.0 15.0			X			63,000	0	0
(7) THOMAS SITTEMA BOARD MEMBER, VICE PRESIDENT	3.0 0.0	X		X			0	0	0
(8) WILLIAM DYMOND BOARD MEMBER, SECRETARY	3.0 0.0	X		X			0	0	0
(9) STEVE HOGAN BOARD MEMBER, VICE PRESIDENT	3.0 0.0	X		X			0	0	0
(10) BOB MILES BOARD MEMBER, TREASURER	2.0 1.0	X		X			0	0	0
(11) SCOTT BOYD BOARD MEMBER	1.0 0.0	X					0	0	0
(12) MARK JONES BOARD MEMBER	1.0 0.0	X					0	0	0
(13) HAROLD MILLS BOARD MEMBER	1.0 0.0	X					0	0	0
(14) GEOFF RICHARDS BOARD MEMBER	1.0 0.0	X					0	0	0
(15) LISA SCHULTZ BOARD MEMBER	1.0 0.0	X					0	0	0
(16) BISHOP ALLEN WIGGINS BOARD MEMBER	1.0 0.0	X					0	0	0

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and a Total of 5,171,515.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include DEVELOPMENT FEE REVENUE, FACILITY USE FEES, LEASE REVENUE, and a Total of 116,388.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include Investment income (233,154), Royalties, Rental income (0), Net gain or loss (0), Fundraising events (-12,077), Gaming activities (0), and Sales of inventory (0).

Table for Other Revenue Misc Amt with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded from tax. Rows include ADMIN/MGMT FEE (34,000) and a Total of 34,000. The final Total revenue is 5,542,980.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,271,695	2,271,695		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	72,455	72,455		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	586,961	428,837	47,468	110,656
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,672,930	1,051,903	393,267	227,760
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	180,071	141,957	14,050	24,064
10 Payroll taxes	147,958	95,029	30,920	22,009
11 Fees for services (non-employees):				
a Management	0			
b Legal	64,499	46,995	17,504	
c Accounting	52,250		52,250	
d Lobbying	26,802	26,802		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	535,626	393,020	68,555	74,051
12 Advertising and promotion	48,011	43,964	995	3,052
13 Office expenses	37,788	19,851	15,374	2,563
14 Information technology	52,171	24,138	5,329	22,704
15 Royalties	0			
16 Occupancy	56,778	33,018	18,568	5,192
17 Travel	18,870	15,084	119	3,667
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	308,308	285,017	4,945	18,346
20 Interest	2,022	2,022		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,223	3,815	2,470	938
23 Insurance	47,628	35,083	12,545	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BOARD & STAFF TRAINING/DEVELOP	59,996	46,331	11,822	1,843
b OTHER PROGRAM COSTS	55,208	55,208		
c MEMBERSHIPS & SUBSCRIPTIONS	28,804	26,066	2,738	
d BAD DEBT EXPENSE	10,000		10,000	
e All other expenses	4,786	591	668	3,527
25 Total functional expenses. Add lines 1 through 24e	6,348,840	5,118,881	709,587	520,372
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	4,864,287	1	4,397,572
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	1,065,375	3	599,325
	4 Accounts receivable, net	0	4	0
	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	25,000	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	10,718,991	7	10,560,824
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	42,311	9	74,442
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,217,165		
	b Less: accumulated depreciation	10b 6,623	4,293,765	10c 4,210,542
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	661,192
16 Total assets: Add lines 1 through 15 (must equal line 33)	21,009,729	16	20,503,897	
Liabilities	17 Accounts payable and accrued expenses	245,556	17	90,115
	18 Grants payable	0	18	0
	19 Deferred revenue	1,318,182	19	1,290,909
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,387,799	23	1,250,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
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	0	25	620,253	
26 Total liabilities. Add lines 17 through 25	2,951,537	26	3,251,277	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,998,322	27	16,211,252
	28 Net assets with donor restrictions	2,059,870	28	1,041,368
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,058,192	32	17,252,620
33 Total liabilities and net assets/fund balances	21,009,729	33	20,503,897	

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	5,542,980
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,348,840
3	Revenue less expenses. Subtract line 2 from line 1	3	-805,860
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,058,192
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	288
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	17,252,620

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization
LIFT Orlando Inc

Employer identification number
46-3607865

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,707,643	2,639,577	3,570,258	7,374,984	5,171,515	25,463,977
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	6,707,643	2,639,577	3,570,258	7,374,984	5,171,515	25,463,977
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) . . .						3,696,562
6 Public support. Subtract line 5 from line 4.						21,767,415

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.	6,707,643	2,639,577	3,570,258	7,374,984	5,171,515	25,463,977
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,231	42,892	57,958	137,656	233,154	525,891
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,438	5,755	10,000	0	0	21,193
11 Total support. Add lines 7 through 10						26,011,061
12 Gross receipts from related activities, etc. (see instructions)					12	1,883,228
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	83.685 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	76.339 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.
b 33 1/3% support tests-2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

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

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

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2023

(Form 990)
Department of the Treasury
Internal Revenue Service

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

Name of the organization LIFT Orlando Inc	Employer identification number 46-3607865
--	--

Organization type (check one):

Filers of:

Section:

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

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

General Rule

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

Special Rules

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

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

Name of organization
LIFT Orlando Inc

Employer identification number
46-3607865

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

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

Name of organization
LIFT Orlando Inc

Employer identification number
46-3607865

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

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

Name of organization LIFT Orlando Inc	Employer identification number 46-3607865
--	---

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

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

Additional Data

Return to Form

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Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization LIFT Orlando Inc	Employer identification number 46-3607865
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	26,802													
c	Total lobbying expenditures (add lines 1a and 1b)	26,802													
d	Other exempt purpose expenditures	6,322,038													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,348,840													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	467,442													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	116,861													
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount				467,442	467,442
b Lobbying ceiling amount (150% of line 2a, column(e))					701,163
c Total lobbying expenditures				26,802	26,802
d Grassroots nontaxable amount				116,861	116,861
e Grassroots ceiling amount (150% of line 2d, column (e))					175,292
f Grassroots lobbying expenditures				0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			26,802
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-A, LINE 1B:	THE FILING ORGANIZATION ENGAGED GRAYROBINSON FOR EXECUTIVE AND LEGISLATIVE LOBBYING SERVICES IN THE AMOUNT OF \$26,802.

Additional Data

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Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization LIFT Orlando Inc

Employer identification number

46-3607865

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include art collection reporting requirements and amounts for revenue and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	4,156,032		4,156,032
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	0	61,133	6,623	54,510
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,210,542

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
LEASE LIABILITIES	620,253
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	620,253

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2:	LIFT ORLANDO IS A TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS IN THE FLORIDA INCOME TAX CODE. LIFT ORLANDO'S OTHER WHOLLY OWNED SUBSIDIARIES WERE INCORPORATED UNDER THE FLORIDA REVISED LIMITED LIABILITY COMPANY ACT AND ARE CONSIDERED DISREGARDED ENTITIES FOR FEDERAL AND STATE INCOME TAX PURPOSES, EXCEPT FOR LOGP AND LOSLP. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. DURING 2018 AND 2020, LOGP AND LOSLP, RESPECTIVELY, ELECTED TO BE TREATED AS A TAXABLE CORPORATION UNDER PROVISIONS OF THE IRC AND THE FLORIDA INCOME TAX CODE AND ARE SUBJECT TO FEDERAL AND STATES TAXES. THE PROVISION FOR INCOME TAXES FOR IS DETERMINED USING THE ASSET AND LIABILITY APPROACH OF ACCOUNTING FOR INCOME TAXES. UNDER THIS APPROACH, DEFERRED INCOME TAXES REFLECT THE NET TAX EFFECTS OF TEMPORARY DIFFERENCES BETWEEN THE CARRYING AMOUNTS OF ASSETS AND LIABILITIES FOR FINANCIAL REPORTING PURPOSES AND THE AMOUNTS USED FOR INCOME TAX PURPOSES AND NET OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. THE AMOUNT OF DEFERRED TAXES, IF ANY, ON THESE TEMPORARY DIFFERENCES IS DETERMINED USING THE TAX RATES THAT ARE EXPECTED TO APPLY TO THE PERIOD WHEN THE ASSET IS REALIZED OR THE LIABILITY IS SETTLED, AS APPLICABLE, BASED ON TAX RATES AND LAWS IN THE RESPECTIVE TAX JURISDICTION ENACTED AS OF THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION DATE. THERE ARE NO DEFERRED TAX ASSETS OR LIABILITIES AT DECEMBER 31, 2023 AND 2022. THE ORGANIZATION IDENTIFIES AND EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, AND RECOGNIZES THE IMPACT OF UNCERTAIN TAX POSITIONS FOR WHICH THERE IS A LESS THAN MORE-LIKELY-THAN-NOT PROBABILITY OF THE POSITION BEING UPHeld WHEN REVIEWED BY THE RELEVANT TAXING AUTHORITY. SUCH POSITIONS ARE DEEMED TO BE UNRECOGNIZED TAX BENEFITS AND A CORRESPONDING LIABILITY IS ESTABLISHED ON THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. THE ORGANIZATION HAS NOT RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS. IF THERE WERE AN UNRECOGNIZED TAX BENEFIT, THE ORGANIZATION WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. THE ORGANIZATIONS TAX YEARS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY REMAIN OPEN FOR THREE YEARS FROM THE DATE OF FILING.

Additional Data

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Software Version:

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
LIFT Orlando Inc

Employer identification number
46-3607865

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

.....

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ -----

Address ▶ -----

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

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

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization
LIFT Orlando Inc

Employer identification number
46-3607865

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEST LAKES HWC INC 710 S TAMPA AVE STE 209 ORLANDO, FL 32805	86-3479633	501(c)(3)	610,000	388,968	Actual	Leasehold IMPROVMENT	SEE PART IV
(2) ADVENTHEALTH FOUNDATION CENTRAL FLORIDA 800 N MAGNOLIA AVE 6 FL ORLANDO, FL 32803	59-2219301	501(c)(3)	525,000				SEE PART IV
(3) LEGENDS ACADEMY PO BOX 2031 ORLANDO, FL 32802	59-3662275	501(c)(3)	216,487				SEE PART IV
(4) ORLANDO ECONOMIC PARTNERSHIP 200 S ORANGE AVE STE200 ORLANDO, FL 32801	59-1767933		125,000				SEE PART IV
(5) WEST LAKES PARTNERSHIP INC 1221 COLONIAL DR ORLANDO, FL 32804	81-0876563	501(c)(3)	106,000				SEE PART IV
(6) EARLY LEARNING SHARED SVCS ALLIANCE INC 2605 COCHISE TRAIL WINTER PARK, FL 32789	87-1309240	501(c)(3)	45,000				SEE PART IV
(7) FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC 445 W AMELIA ST STE 901 ORLANDO, FL 32801	59-2788435		29,000				SEE PART IV
(8) CHILDREN'S LEGACY CHRISTIAN ACADEMY LLC 1408 W MICHIGAN ST ORLANDO, FL 32805	86-3228377		15,200				SEE PART IV
(9) GREATER TOMORROW CHRISTIAN ACADEMY 16 S DOLLINS AVE ORLANDO, FL 32805	03-0604866		15,200				SEE PART IV
(10) GREAT MINDS ACADEMY LLC 1264 S RIO GRANDE AVE ORLANDO, FL 32805	85-0615283		15,200				SEE PART IV
(11) NU GENERATION ACADEMY 1225 25TH ST ORLANDO, FL 32805	47-1590104		15,200				SEE PART IV
(12) KIDZVILLE ACADEMY INC 1800 W WASHINGTON ST ORLANDO, FL 32805	47-4618793		10,700				SEE PART IV
(13) KINGDOM KIDS DEVELOPMENT CENTER 291 WILSON AVE ORLANDO, FL 32805	82-2661274		10,700				SEE PART IV
(14) MT SINAI CHILD DEVELOPMENT CENTER 2610 ORANGE CENTER BLVD ORLANDO, FL 32805	35-2477326		10,700				SEE PART IV
(15) RAE OF SUNSHINE	47-4780528		10,700				SEE PART IV

624 BETHUNE DR ORLANDO, FL 32805							
(16) CHARITY LEARNING ACADEMY INC 725 S GOLDWYN AVE ORLANDO, FL 32805	46-0774101		10,700				SEE PART IV
(17) BOYS & GIRLS CLUB OF CENTRAL FLORIDA INC 101 E COLONIAL DRIVE ORLANDO, FL 32801	59-0951887		10,000				SEE PART IV
(18) GOODWILL INDUSTRIES OF CENTRAL FL INC 7531 S ORANGE BLOSSOM ORLANDO, FL 32809	59-0908166	501(c)(3)	10,000				SEE PART IV
(19) LITTLE PEOPLE LEARNING CENTER INC 1033 W MICHIGAN STREET ORLANDO, FL 32805	01-0778735		7,700				SEE PART IV
(20) LEARNING LADDERS PRESCHOOL 297 S COTTAGE HILL Road ORLANDO, FL 32805	81-2972833		7,700				SEE PART IV
(21) GENERATIONS OF LEADERS LEARNING CENTER LLC 1430 W KALEY AVENUE ORLANDO, FL 32805	84-3603613		7,700				SEE PART IV
(22) GMA'S CHILDCARE AND LEARNING CENTER INC 2385 WEST CHURCH ST ORLANDO, FL 32805	82-2074183		7,700				SEE PART IV
(23) DREAMS COME TRUE CHILDCARE JW 3195 WEST CENTRAL BLVD ORLANDO, FL 32805	47-3229082		7,700				SEE PART IV
(24) CHARLI'S PRECIOUS ANGELS HOME DAYCARE 861 W LAKE MANN DR ORLANDO, FL 32805	47-2936681		7,700				SEE PART IV
(25) SUPERSTAR'S ACADEMY LEARNING CENTER INC 422 S PARRAMORE AVE ORLANDO, FL 32805	30-0588202		7,700				SEE PART IV
(26) PLAY LAUGH & GROW LEARNING ACADEMY INC 2395 W CHURCH STREET ORLANDO, FL 32805	47-1412220		7,700				SEE PART IV
(27) RAISING ANGELS CHILD DEVELOPMENT INC 1720 S RIO GRANDE AVE ORLANDO, FL 32805	20-1345727		7,700				SEE PART IV
(28) SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA 411 MERCY DRIVE ORLANDO, FL 32805	59-2142315		6,490				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6

3 Enter total number of other organizations listed in the line 1 table 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATION SCHOLARSHIPS	8	55,000			
(2) SMALL BUSINESS COHORT PARTICIPANTS	13	16,250			
(3) ORAL SURGERY FOR RESIDENT	1	1,205			
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
FORM 990, SCHEDULE I, LINE 2:	LIFT ORLANDO PRIORITIZES ORGANIZATIONS AND NONPROFITS THAT FOCUS ON SERVING THE RESIDENTS OF THE COMMUNITIES OF WEST LAKES AND PRIMARILY THOSE LIVING WITHIN THE LIFT ORLANDO FOCUS AREA. PROGRAMS ARE PRIORITIZED ACCORDING TO LIFT ORLANDO'S ORGANIZATIONAL GOALS FOR HOUSING, EDUCATION, HEALTH AND WELLNESS, ECONOMIC VIABILITY AND COMMUNITY QUARTERBACK (COLLECTIVE IMPACT COORDINATION). AGENCIES COLLABORATING WITH LIFT ORLANDO IN EXCHANGE FOR FUNDING WILL BE REQUIRED TO ENTER INTO AN MOU AGREEMENT AT EITHER THE BEGINNING OF THE PARTNERSHIP OR WITHIN THE FIRST YEAR OF WORKING TOGETHER. SPECIFIC METRICS AND PROGRAM GOALS WILL BE REVIEWED AND EVALUATED BY LIFT ORLANDO IN ORDER TO ENSURE STRATEGIC ALIGNMENT WITH THE ORGANIZATIONAL PRIORITIES OF LIFT ORLANDO'S OVERALL MISSION. REPORTS AND EVALUATIONS ON PROGRAM OUTCOMES AND AGENCY OPERATIONS WILL BE REQUIRED ON A REGULAR BASIS AND OUTLINED IN THE MOUS.
FORM 990, SCHEDULE I, PART II(H):	PURPOSE OF GRANT OR ASSISTANCE: 1) WEST LAKES HWC, INC. - DONATION FOR THE HEART OF WEST LAKES WELLNESS CENTER AND TRANSFER LIFT'S LEASEHOLD IMPROVEMENTS TO WLHWC AS ACCOUNTING OWNER. 2) ADVENTHEALTH FOUNDATION CENTRAL FLORIDA - OPERATING SUPPORT AND SUPPORT OF EARLY LEARNING CENTER COLLABORATIVE. 3) LEGENDS ACADEMY - OPERATIONAL SUPPORT, SUMMER SCHOOL FUNDING, TEACHER APPRECIATION AND EARLY LITERACY EDUCATION SUPPORT. 4) ORLANDO ECONOMIC PARTNERSHIP - PROVIDE RESOURCES IN LEADERSHIP DEVELOPMENT, ECONOMIC DEVELOPMENT, RESEARCH AND DATA, MARKETING, AND PUBLIC AFFAIRS. 5) WEST LAKES PARTNERSHIP, INC. - COMMUNITY ENGAGEMENT/OUTREACH AND SUPPORT OF WEST LAKES RESIDENTIAL PAINT BEAUTIFICATION PROGRAM, WEST LAKES COMMUNITY CLEAN-UP, RECLAIMING THE DREAM HOUSING REHAB PROJECT. 6) EARLY LEARNING SHARED SERVICES ALLIANCE, INC. - SUPPORT FOR BACK OFFICE ADMINISTRATIVE SERVICES AND BUSINESS COACHING. 7) FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS, INC. - EQUIPMENT, INSTALLATION, AND TRAINING FOR ORANGE CENTER ELEMENTARY'S RENOVATED ONSITE TELEVISION STUDIO. 8) CHILDREN'S LEGACY CHRISTIAN ACADEMY, LLC - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 9) GREATER TOMORROW CHRISTIAN ACADEMY - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 10) GREAT MINDS ACADEMY, LLC - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 11) NU GENERATION ACADEMY - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 12) KIDZVILLE ACADEMY, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 13) KINGDOM KIDS DEVELOPMENT CENTER - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 14) MT SINAI CHILD DEVELOPMENT CENTER - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 15) RAE OF SUNSHINE - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 16) CHARITY LEARNING ACADEMY, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 17) BOYS & GIRLS CLUB OF CENTRAL FLORIDA, INC. - PROVIDE MUSICAL INSTRUMENTS AND ACCESSORIES FOR USE IN PROGRAMMING. 18) GOODWILL INDUSTRIES OF CENTRAL FLORIDA, INC. - IMPLEMENT PROSPERITY MODEL IN THE WEST LAKES FINANCIAL WELLBEING CENTER. 19) LITTLE PEOPLE LEARNING CENTER, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 20) LEARNING LADDERS PRESCHOOL - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 21) GENERATIONS OF LEADERS LEARNING CENTER, LLC - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 22) GMA'S CHILDCARE AND LEARNING CENTER, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 23) DREAMS COME TRUE CHILDCARE JW - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 24) CHARLI'S PRECIOUS ANGELS HOME DAYCARE - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 25) SUPERSTAR'S ACADEMY LEARNING CENTER, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 26) PLAY, LAUGH & GROW LEARNING ACADEMY, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 27) RAISING ANGELS CHILD DEVELOPMENT, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM. 28) SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA - DONATION IN SUPPORT OF 2023 LAKE SUNSET COMMUNITY HOLIDAY DINNER.

Additional Data

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Software ID:
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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LIFT Orlando Inc

Employer identification number

46-3607865

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SANDY HOSTETTER VP, ASSET DEVELOP/BOARD MEMBER	(i)	225,000	33,750	0	0	1,498	260,248	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 EDWARD MORATIN PRESIDENT	(i)	176,430	55,000	0	9,515	22,768	263,713	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 ADRIENNE EVANS CHIEF ADMINISTRATIVE OFFICER	(i)	146,700	22,620	0	5,568	13,994	188,882	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 MARK SHAMLEY VP OF COMMUNITY IMPACT	(i)	165,097	25,275	0	0	7,834	198,206	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III Supplemental Information

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

Return Reference	Explanation
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Additional Data

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Software ID:

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Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LIFT Orlando Inc

Employer identification number

46-3607865

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) EDWARD MORATIN	PRESIDENT/CEO	EMPLOYEE RETENTION		X	100,000	0		No	Yes		Yes	
Total						\$	0					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Name of the organization
LIFT Orlando Inc

Employer identification number
46-3607865

Return Reference	Explanation
FORM 990, PART I, LINE 1 (CONTINUED):	PEOPLE CAN THRIVE THROUGH HOUSING, EDUCATION, HEALTH AND WELLNESS, AND ECONOMIC VIABILITY.
FORM 990, PART III, LINE 4D:	<p>ECONOMIC VIABILITY (TOTAL: \$455,950; GRANTS: \$161,250) Lift Orlando's goal in Economic Viability is to stimulate the neighborhood economy through investments in employment and entrepreneurship programs that increase income levels for families. Lift Orlando continued to work on providing one-on-one financial coaching to residents and families, small business engagement, networking events and marketing, business development services, as well as the research, data, and planning to support this work. Lift's Small Business Institute (SBI) accelerator program, launched in mid-2023, channeled small businesses into its framework, offering one-on-one business development, strategic planning, and subgrants while fostering long-term mentorship and connections. Participants utilized approximately 200 consultation hours and received funding for equipment, marketing, and staffing. Notable beneficiaries included Hebni Nutrition Consultants, which received support for facade renovation; Sunflower Creative Cleaning, which improved its digital presence and business growth; and Legacy Caf, which secured funding for its launch and operational needs. Also, the SBI's bi-annual 14-week cohort launched in September 2023. Facilitated in partnership with The Center for Micro-Entrepreneurship and Training, the program targets local small business owners and is designed to develop business aptitude through interactive education on topics such as value proposition, business law, branding, access to capital, storytelling, and more. Our team received 52 applications to participate in the first cohort. 19 local minority entrepreneurs were selected and participated, including 17 small businesses operated by minority women. For individuals, the West Lakes Financial Wellbeing Center (FWC) continued to provide free one-on-one financial coaching to those living in the ZIP code of 32805. In 2023, 45 residents participated in the Prosperity Platform. Of those participants, 46% completed a budget, 48% increased financial capability/health, and 23% increased savings with an average \$4,329 of savings increased. Founded by Lift Orlando, the City of Orlando, West Lakes Partnership, and a group of neighborhood entrepreneurs, West Lakes District continued to work to build public-private partnerships to revitalize West Lakes' small business growth, job creation, and economic activity. Lift Orlando sponsored West Lakes District's Community Play Date in 2023. The community event offered residents and families access to local businesses, sports, play activities, art workshops, art vendors, food trucks, interactive ESports, a Farmer's Market, live performances, and more. HOUSING (TOTAL: \$431,057; GRANTS: \$59,000; REVENUE: \$37,272) Lift Orlando's goal for mixed-income housing is to develop high-quality mixed-income homes that are affordable for residents and attract families back to the neighborhood. Lift Orlando partnered to develop Pendana, Phase I of Lift Orlando's housing strategy, a mixed-income multifamily apartment community which opened in 2018. Lift continues to be actively engaged with the management company of Pendana at West Lakes to facilitate community engagement and desired outcomes in the community. In May of 2020, Pendana Senior Residences (Phase II) started safely welcoming West Lakes seniors age 62 and over. Lift Orlando's partnerships with Seniors First and other community organizations have continued to provide holistic health and well-being programming for seniors. This programming provided nutritionally balanced meals and social activities including a poetry workshop, kitchen apothecary class, memory games, painting, chair stretching exercises, puzzles, chili recipe and tasting, estate planning, a life insurance awareness information session, senior safety, blood pressure discussions, and games such as Bingo, Pictionary, checkers, and more. During these weekly programs, residents have been able to meet and befriend their neighbors and have created a caring and loving community that supports one another. Over 40 activities were held with an average of approximately 20 attendees per activity. Lift Orlando funded West Lakes Partnership (WLP) in their ongoing community beautification project. The West Lakes Residential Paint and Beautification Program works to improve housing stock within The Communities of West Lakes and provides matching grants that support West Lakes homeowners' beautification efforts. The program offers 10-15 owner-occupied homes of legacy residents (who have lived in the neighborhood for at least ten years) up to \$3,000 toward home painting and flowers for planting. The program aided 26 of West Lakes homes during 2023. In partnership with the Orlando Housing Authority and with support of the City of Orlando, Lift was awarded the Department of Housing and Urban Development's (HUD) FY23 Choice Neighborhoods Planning Grant. The 2-year planning process began in late 2023, starting with pre-planning and the formation of required committees and working groups.</p>
FORM 990, PART VI, SECTION B, LINE 11B:	THE STAFF WORKS WITH THE TAX PREPARATION TEAM AT BDO TO PREPARE THE 990. THE FORM IS THEN REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. UPON APPROVAL OF THE FINANCE COMMITTEE, THE DRAFT IS EMAILED TO THE BOARD FOR REVIEW AND TO PROVIDE AN OPPORTUNITY FOR FEEDBACK PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL STATEMENT ACKNOWLEDGING UNDERSTANDING OF THE POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15A:	<p>THE PRESIDENT'S SALARY IS DETERMINED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE PRESIDENT DETERMINES STAFF SALARIES BASED ON THE EXPERIENCE AND EDUCATION OF THE STAFF MEMBER IN COMBINATION WITH THE RESPONSIBILITY OF THE ROLE AND THE COMPENSATION FOR SIMILAR ROLES IN THE MARKET AND AT OTHER NONPROFITS. THE EXECUTIVE COMPENSATION FOR THE PRESIDENT WAS REVIEWED AND APPROVED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. IN ORDER TO DETERMINE A FAIR AMOUNT, THE FOLLOWING INFORMATION WAS USED TO MAKE A DECISION: -MARKET COMPENSATION ANALYSIS PREPARED BY EWELL & ASSOCIATES IN DECEMBER 2022 ALONG WITH PRIOR MARKET COMPENSATION ANALYSIS FROM GUIDESTAR/CANDID IN LATE 2021. -THE SIZE OF AN ORGANIZATION'S OPERATING BUDGET (I.E., ANNUAL REVENUES) - COMPLEXITY OF LIFT ORLANDO'S TYPE OF WORK AND THE UNIQUE SKILLS REQUIRED -DIRECT OPERATING BUDGET (I.E., INCOME STATEMENT) -COMPLEXITY OF LEGAL STRUCTURES RELATED TO THE ABOVE ASSET-BASED PROJECTS WHICH WILL NOT RESULT IN INCOME STATEMENT ACTIVITY FOR LIFT ORLANDO AS MUCH AS IT WILL INVOLVE SOME BALANCE SHEET ACTIVITY - AT LEAST IN THE EARLY YEARS OF THE ORGANIZATION. ALL PROPER DOCUMENTATION AND RECORDKEEPING OF THIS INFORMATION AND DECISIONS MADE HAVE BEEN DOCUMENTED.</p>
FORM 990, PART VI, SECTION C, LINE 18:	THE FORM 990 IS AVAILABLE ON GUIDESTAR, CHARITY NAVIGATOR AND CENTRAL FLORIDA FOUNDATION WEBSITES.
FORM 990, PART VI, SECTION C, LINE 19:	THE ARTICLES OF INCORPORATION AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LIFT Orlando Inc

Employer identification number
46-3607865

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LIFT ORLANDO COMMUNITY DEVELOPMENT LLC 710 South Tampa Ave Ste 209 ORLANDO, FL 32805 46-3607865	DEVELOPMENT	FL	0	3,526,701	LIFT ORLANDO
(2) LIFT ORLANDO COMMUNITY LAND LLC 710 South Tampa Ave Ste 209 ORLANDO, FL 32805 46-3607865	HOLD PROPERTY	FL	34,773	4,463,629	LIFT ORLANDO
(3) LIFT ORLANDO IMPACT INVESTMENT FUND MGR 710 South Tampa Ave Ste 209 ORLANDO, FL 32805 32-0507107	MANAGEMENT	FL	0	0	LIFT ORLANDO
(4) GUINYARD & GRAHAM LLC 710 South Tampa Ave Ste 209 ORLANDO, FL 32805 46-3607865	DEVELOPMENT	DE	0	0	LIFT ORLANDO

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WEST LAKES HWC INC 710 South Tampa Ave Ste 209 Orlando, FL 32805 86-3479633	SUPPORT ORG	FL	12A	Type I	LIFT ORLANDO	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WEST LAKES PHASE I LP 710 S Tampa Ave 209 ORLANDO, FL 32805 46-3607865	PROPERTY MGMT	FL	LOGP	EXCLUDED	0	0		No	0	Yes		0.005 %
(2) WEST LAKES PHASE II LP 710 S Tampa Ave 209 ORLANDO, FL 32805 46-3607865	PROPERTY DEVE	FL	LOSLP	EXCLUDED	0	0		No	0	Yes		0.710 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) LIFT ORLANDO GP LLC 710 South Tampa Ave Ste 209 ORLANDO, FL 32805 46-3607865	MANAGEMENT	FL	LIFT ORLANDO	C CORP	0	506,832	100.000 %	Yes	
(2) LIFT ORLANDO PHASE II SLP LLC 710 South Tampa Ave Ste 209 ORLANDO, FL 32805 46-3607865	DEVELOPMENT	FL	LIFT ORLANDO	C CORP	59,690	159,925	100.000 %	Yes	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WEST LAKES HWC INC	B	998,968	ACTUAL
(2) WEST LAKES HWC INC	L	80,848	ACTUAL
(3) WEST LAKES HWC INC	Q	426,147	ACTUAL

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2023

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