

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning and ending**

**B** Check if applicable:

<input checked="" type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C Name of organization**  
LIFT ORLANDO INC.

**D Employer identification number**  
46-3607865

**E Telephone number**  
(407) 480-5053

**G Gross receipts \$** 3,831,759.

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

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

**J Website:** WWW.LIFTORLANDO.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶

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

**F Name and address of principal officer:** EDDY MORATIN  
P.O. BOX 550128, ORLANDO, FL 32855

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P.O. BOX 550128, ORLANDO, FL 32855

**Gross receipts \$** 3,831,759.

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

**(c) Group exemption number** ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>LIFT ORLANDO, INC. (LIFT ORLANDO) IS A NON-PROFIT ORGANIZATION WORKING WITH RESIDENTS, BUSINESS LEADERS AND COMMUNITY PARTNERS TOWARDS NEIGHBORHOOD REVITALIZATION.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	11
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	25
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	NONE
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	NONE	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,639,577.	3,570,258.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	287,609.	185,634.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,741.	57,307.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,755.	3,338.
		2,975,682.	3,816,537.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	403,941.	217,443.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,049,745.	1,053,986.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	42,121.	93,619.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 256,176.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	403,036.	560,801.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,898,843.	1,925,849.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,076,839.	1,890,688.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	15,458,974.	17,621,676.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	3,241,465.	3,602,021.
	12,217,509.	14,019,655.	

**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: \_\_\_\_\_ Date: \_\_\_\_\_

EDDY MORATIN PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: JACOB COOK  
Preparer's signature: *Jacob Cook*  
Date: 10/28/2022  
Check  if self-employed  
PTIN: P01240455

Firm's name ▶ BDO USA, LLP  
Firm's EIN ▶ 13-5381590  
Firm's address ▶ 450 S ORANGE AVE, SUITE 550 ORLANDO, FL 32801  
Phone no. 407-841-6930

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	LIFT ORLANDO INC.	46-3607865
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2043 JACOBS PLACE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ORLANDO, FL 32805	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► EDDY MORATIN  
2043 JACOBS PLACE ORLANDO FL 32805  
Telephone No. ► 407 618 3697 Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 2021 or  
 ►  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	NONE
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	NONE
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	NONE

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

LIFT ORLANDO WAS FOUNDED TO REPRESENT A NEW APPROACH FOR SOLVING  
COMPLEX SOCIAL PROBLEMS IN ORDER TO BREAK THE CYCLE OF POVERTY  
THROUGH NEIGHBORHOOD REVITALIZATION.

**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 \$ 412,395. including grants of \$ 64,850. ) (Revenue \$ )  
SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 299,996. including grants of \$ 11,000. ) (Revenue \$ NONE )  
SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 272,954. including grants of \$ 77,500. ) (Revenue \$ NONE )  
SEE SCHEDULE O

**4d** Other program services (Describe on Schedule O.) SEE SCHEDULE O  
(Expenses \$ 214,863. including grants of \$ 64,093. ) (Revenue \$ 195,634. )

**4e** Total program service expenses ▶ 1,200,208.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions . . . . .	<input checked="" type="checkbox"/>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<input checked="" type="checkbox"/>	

**Part IV Checklist of Required Schedules** *(continued)*

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

**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

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

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

Yes No

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a (employees), 2b (federal employment tax returns), 3a (unrelated business gross income), 3b (Form 990-T), 4a (foreign account), 5a-5c (prohibited tax shelter transactions), 6a-6b (charitable contributions), 7 (Section 170(c) organizations), 8 (Sponsoring organizations), 9 (Sponsoring organizations), 10 (Section 501(c)(7) organizations), 11 (Section 501(c)(12) organizations), 12a-12b (Section 4947(a)(1) trusts), 13 (Section 501(c)(29) health insurance issuers), 14a-14b (indoor tanning services), 15 (Section 4960 tax), 16 (Section 4968 excise tax), 17 (Section 501(c)(21) organizations).

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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	Former			
(1) EDWARD MORATIN PRESIDENT	40.00 NONE	X	X				169,979.	NONE	26,947.	
(2) ADRIENNE EVANS CHIEF ADMINISTRATIVE OFFICER	40.00 NONE				X		138,854.	NONE	19,668.	
(3) TERRY PRATHER CHIEF OPERATING OFFICER	40.00 NONE				X		141,954.	NONE	15,741.	
(4) THOMAS SITTEMA BOARD MEMBER, VICE PRESIDENT	3.00 NONE	X	X				NONE	NONE	NONE	
(5) WILLIAM DYMOND BOARD MEMBER, SECRETARY	3.00 NONE	X	X				NONE	NONE	NONE	
(6) STEVE HOGAN BOARD MEMBER, VICE PRESIDENT	3.00 NONE	X	X				NONE	NONE	NONE	
(7) BOB MILES BOARD MEMBER, TREASURER	2.00 NONE	X	X				NONE	NONE	NONE	
(8) SCOTT BOYD BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(9) SANDY HOSTETTER BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(10) MARK JONES BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(11) HAROLD MILLS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(12) GEOFF RICHARDS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(13) LISA SCHULTZ BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	
(14) BISHOP WIGGINS BOARD MEMBER	1.00 NONE	X					NONE	NONE	NONE	



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	62,086.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	341,223.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	3,166,949.					
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			3,570,258.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b> DEVELOPMENT FEE REVENUE			900099	158,361.	158,361.			
<b>b</b> LEASE REVENUE			900099	27,273.	27,273.			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			185,634.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			57,958.			57,958.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			NONE				
	<b>5</b> Royalties . . . . . ▶			NONE				
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal				
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>	NONE	NONE		
	<b>d</b> Net rental income or (loss) . . . . . ▶				NONE			
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
			<b>b</b> Less: cost or other basis and sales expenses . .	<b>7b</b>	651.			
			<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	-651.			
	<b>d</b> Net gain or (loss) . . . . . ▶				-651.		-651.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>62,086.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			7,909.			
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	14,571.			
			<b>c</b> Net income or (loss) from fundraising events . . . . . ▶				-6,662.	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			NONE			
<b>b</b> Less: direct expenses . . . . .			<b>9b</b>		NONE			
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						NONE		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			NONE				
		<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>		NONE			
		<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶				NONE		
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b> OTHER MISC REVENUE		900099	10,000.	10,000.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶				10,000.				
<b>12 Total revenue.</b> See instructions . . . . . ▶				3,816,537.	195,634.		50,645.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	217,443.	217,443.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	176,333.	91,117.	41,132.	44,084.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	687,480.	350,906.	271,106.	65,468.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	NONE			
9 Other employee benefits . . . . .	128,157.	74,061.	39,022.	15,074.
10 Payroll taxes . . . . .	62,016.	33,630.	20,593.	7,793.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	8,299.	5,856.	2,443.	
c Accounting . . . . .	34,261.		34,261.	
d Lobbying . . . . .	NONE			
e Professional fundraising services. See Part IV, line 17 . . . . .	93,619.			93,619.
f Investment management fees . . . . .	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	SEE SCHE O 331,079.	307,891.	17,538.	5,650.
12 Advertising and promotion . . . . .	22,896.	11,949.	5,642.	5,305.
13 Office expenses . . . . .	20,267.	4,286.	14,691.	1,290.
14 Information technology . . . . .	20,613.	6,591.	3,266.	10,756.
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	28,165.	22,978.	3,616.	1,571.
17 Travel . . . . .	869.	543.	-53.	379.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	47,222.	30,564.	12,399.	4,259.
20 Interest . . . . .	11,518.	11,518.		
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	1,933.	1,933.		
23 Insurance . . . . .	22,734.	15,914.	6,820.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BOARD & STAFF TRAINING/DEVEL	13,742.	5,375.	8,367.	
b OTHER PROGRAM COSTS	7,044.	7,044.		
c MEMBERSHIPS & SUBSCRIPTIONS	3,405.		3,405.	
d LICENSES & FEES	1,301.	520.	431.	350.
e All other expenses	-14,547.	89.	-15,214.	578.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,925,849.	1,200,208.	469,465.	256,176.
<b>26 Joint costs.</b> 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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	8,026,853.	<b>1</b>	2,256,100.
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	218,533.	<b>3</b>	562,250.
	<b>4</b> Accounts receivable, net . . . . .	NONE	<b>4</b>	NONE
	<b>5</b> 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 . . . . .	75,000.	<b>5</b>	50,000.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	2,205,045.	<b>7</b>	10,547,495.
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	36,225.	<b>9</b>	47,438.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 4,158,393.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	4,158,393.
	<b>11</b> Investments - publicly traded securities . . . . .	NONE	<b>11</b>	NONE
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	150,000.	<b>13</b>	NONE
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	591,755.	<b>15</b>	NONE
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	15,458,974.	<b>16</b>	17,621,676.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	71,225.	<b>17</b>	370,717.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	1,372,727.	<b>19</b>	1,345,454.
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> 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 . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,797,513.	<b>23</b>	1,885,850.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> 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 . . . . .	NONE	<b>25</b>	NONE
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,241,465.	<b>26</b>	3,602,021.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	4,712,663.	<b>27</b>	13,447,518.
	<b>28</b> Net assets with donor restrictions . . . . .	7,504,846.	<b>28</b>	572,137.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	12,217,509.	<b>32</b>	14,019,655.
<b>33</b> Total liabilities and net assets/fund balances . . . . .	15,458,974.	<b>33</b>	17,621,676.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,816,537.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,925,849.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,890,688.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	12,217,509.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	-88,542.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	14,019,655.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2021

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,213,480.	4,125,957.	6,707,643.	2,639,577.	3,570,258.	18,256,915.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4 Total.</b> Add lines 1 through 3. . . . .	1,213,480.	4,125,957.	6,707,643.	2,639,577.	3,570,258.	18,256,915.
<b>5</b> 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). . . . .						5,331,155.
<b>6 Public support.</b> Subtract line 5 from line 4						12,925,760.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1,213,480.	4,125,957.	6,707,643.	2,639,577.	3,570,258.	18,256,915.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	7,547.	17,778.	54,231.	42,892.	57,958.	180,406.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	4,967.	63,224.	5,438.	5,755.	10,000.	89,384.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						18,526,705.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	3,440,335.
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	69.77 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	73.80 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2020.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests - 2020.** 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**. The organization qualifies as a publicly supported organization . . . . .

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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>b</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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b>	Distributable amount for 2021 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2021			
<b>a</b>	From 2016 . . . . .			
<b>b</b>	From 2017 . . . . .			
<b>c</b>	From 2018 . . . . .			
<b>d</b>	From 2019 . . . . .			
<b>e</b>	From 2020 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2021 distributable amount			
<b>i</b>	Carryover from 2016 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2021 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2021 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2017 . . . .			
<b>b</b>	Excess from 2018 . . . .			
<b>c</b>	Excess from 2019 . . . .			
<b>d</b>	Excess from 2020 . . . .			
<b>e</b>	Excess from 2021 . . . .			

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

Employer identification number

LIFT ORLANDO INC.

46-3607865

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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
1	N/A  	\$ 1,505,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A  	\$ 374,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A  	\$ 341,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A  	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A  	\$ 115,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A  	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

LIFT ORLANDO INC.

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 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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 3 columns: Line number, Description, and Amount. Includes rows for art/historical treasures held for public service and those held for financial gain.

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

Schedule D (Form 990) 2021

**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 make 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 program
  - 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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 on 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**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
<b>1a</b> Land . . . . .	4,158,393.	NONE		4,158,393.
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				4,158,393.

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	

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



**Part XIII** Supplemental Information (continued)

PART X, LINE 2

LIFT ORLANDO IS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS IN THE FLORIDA INCOME TAX CODE. LIFT ORLANDO'S 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. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

DURING 2018, LOGP ELECTED TO BE TREATED AS A TAXABLE CORPORATION UNDER PROVISIONS OF THE INTERNAL REVENUE CODE AND THE FLORIDA INCOME TAX CODE. LOGP DID NOT HAVE ANY REVENUE DURING 2021 OR 2020. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

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 STATEMENT 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 ORGANIZATION'S TAX YEARS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY REMAIN OPEN FOR

**Part XIII** Supplemental Information *(continued)*

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THREE YEARS FROM THE DATE OF FILING.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		COMMUNITY QUART (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	69,995.		69,995.	
	2	Less: Contributions . . . . .	62,086.		62,086.	
	3	Gross income (line 1 minus line 2) . . . . .	7,909.		7,909.	
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	14,571.		14,571.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				14,571.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-6,662.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation 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).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

VANN STRATEGIES

ADDRESS:

333 BRIARWOOD DRIVE  
WINTER PARK, FL 32789

ACTIVITY :

BUILD RELATIONSHI

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	93,619.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	93,619.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	-93,619.

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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.

1 (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) POLIS INSTITUTE P.O. BOX 560531 ORLANDO, FL 32856	27-0226465	501(C)(3)	75,000.				SEE PART IV
(2) WEST LAKES PARTNERSHIP P.O. BOX 550128 ORLANDO, FL 32855	81-0876563	501(C)(3)	71,000.				SEE PART IV
(3) GOODWILL INDUSTRIES OF CENTRAL FLORIDA 7531 S ORANGE BLOSSOM TR ORLANDO, FL 32809	59-0808166	501(C)(3)	25,000.				SEE PART IV
(4) WEST LAKES MARKET STREET DISTRICT P.O. BOX 550128 ORLANDO, FL 32855	86-3782228	C-CORPORATI	25,000.				SEE PART IV
(5) THE EXPERIENCE CHRISTIAN CENTER 5230 INDIAN HILL ROAD ORLANDO, FL 32808	27-0865579	501(C)(3)	15,000.				SEE PART IV
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

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

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

Schedule I (Form 990) 2021

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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.

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

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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.

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.

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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.

FORM 990, SCHEDULE I, PART II(H):

PURPOSE OF GRANT OR ASSISTANCE:

- 1) POLIS INSTITUTE - MVP FAMILIES PROGRAM SUPPORT.
- 2) WEST LAKES PARTNERSHIP - COMMUNITY ENGAGEMENT & MARKET STREET SUPPORT.
- 3) GOODWILL INDUSTRIES OF CENTRAL FLORIDA - ECONOMIC VIABILITY-FINANCIAL WELL BEING CENTER.
- 4) WEST LAKES MARKET STREET DISTRICT- SUPPORT PROGRAMMING TO PROMOTE AND ADVANCE BUSINESSES WITHIN THE COMMUNITY.

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
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.

5) THE EXPERIENCE CHRISTIAN CENTER - SUPPORT A COMMUNITY PROGRAM TO  
 PROVIDE RESIDENTS ACCESS TO FREE TOYS, SCHOOL SUPPLIES, HEALTH  
 SCREENINGS, HOUSEHOLD ITEMS, FURNITURE, GROCERIES AND MORE.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**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 indemnification 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 (such as 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

**Only section 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? **5a**  **5b**
- b** Any related organization? **5b**
- 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? **6a**  **6b**
- b** Any related organization? **6b**
- 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 on lines 5 and 6? If "Yes," describe in Part III. **7**  **8**

**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. **8**  **9**

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input type="checkbox"/>

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

Schedule J (Form 990) 2021

**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 aren't 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 and/or 1099-MISC and/or 1099-NEC compensation			(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 EDWARD MORATIN PRESIDENT	(i)	119,979.	50,000.	NONE	5,490.	21,457.	196,926.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 TERRY PRATHER CHIEF OPERATING OFFIC	(i)	122,446.	19,508.	NONE	NONE	15,741.	157,695.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ADRIENNE EVANS CHIEF ADMINISTRATIVE	(i)	115,907.	22,947.	NONE	5,677.	13,991.	158,522.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

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 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 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
			SEE SUPPLEMENTAL PAGE									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$	50,000.					

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART II

=====

(A/B) NAME AND RELATIONSHIP	(C) PURPOSE OF LOAN	(D) LOAN		(E) ORIGINAL	(F) BALANCE DUE	(G) IN DEFAULT?		(H) APPROVED		(I) WRITTEN	
		TO	FROM			YES	NO	YES	NO	YES	NO
EDWARD MORATIN PRESIDENT/CEO	EMPLOYEE RETENTION		X	100,000.	50,000.		X	X		X	
TOTAL					50,000.						

=====

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LIFT ORLANDO INC.

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
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**FORM 990, PART I, LINE 1:**

LIFT ORLANDO STRENGTHENS NEIGHBORHOODS THROUGH MIXED-INCOME HOUSING,  
CRADLE TO CAREER EDUCATION, HEALTH AND WELLNESS, AND ECONOMIC VIABILITY.

**FORM 990, PART III, LINE 4D**

EDUCATION (TOTAL: \$127,227; GRANTS: \$33,853)

LIFT ORLANDO'S CRADLE-TO-CAREER ORGANIZATIONAL OBJECTIVE IS TO PARTNER  
WITH LOCAL SCHOOLS TO DELIVER A HIGH PERFORMING EDUCATIONAL PATHWAY  
BEGINNING WITH EARLY CHILDHOOD ALL THE WAY TO PROMISING CAREERS. LIFT  
ORLANDO SUPPORTS THE EDUCATIONAL PATHWAY BY SERVING AS A COMMUNITY  
QUARTERBACK; ENGAGING COMMUNITY MEMBERS AND COORDINATING ALIGNMENT  
BETWEEN THE COMMUNITY, CORPORATIONS AND BEST IN CLASS NOT-FOR-PROFITS,  
WHILE MEASURING AND EVALUATING PROGRESS TOWARD OUR SHARED GOALS.

IN 2021, 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. THE ELC CELEBRATED ITS FIRST BIRTHDAY ON APRIL 20, 2021. AT THE  
END OF THE FIRST SCHOOL YEAR, 30 VPK CHILDREN FROM THE ELC GRADUATED AT  
CAMPING WORLD STADIUM'S VARSITY CLUB. THE VPK CHILDREN TRANSITIONED TO  
KINDERGARTEN WITH THE KNOWLEDGE AND SKILLS NEEDED TO BE SUCCESSFUL IN  
KINDERGARTEN AND BEYOND.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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IN APRIL 2021, LIFT ORLANDO ASSISTED WITH THE GRAND OPENING OF THE JACQUELINE BRADLEY & CLARENCE OTIS FAMILY BRANCH BOYS & GIRLS CLUB. LIFT ALSO AIDED WITH FUNDRAISING, RECRUITING, AND CONNECTING THE CLUB DIRECTOR WITH LIFT'S COLLECTIVE IMPACT PARTNERS. THE CLUB HOLDS AFTERSCHOOL PROGRAMMING AND SUMMER CAMPS AND SERVES UP TO 150 CHILDREN AGES 6 TO 18 YEAR. IN ADDITION TO THE CUTTING-EDGE TECHNOLOGY FOUND IN ITS STEM AND COMPUTER LABS AND THE TRADITIONAL CLUB ELEMENTS SUCH AS A GAME ROOM, GYMNASIUM AND LIBRARY, THIS CLUB BOASTS MUSIC ROOMS, A RECORDING ARTS STUDIO, A DANCE STUDIO AND STAGE.

LIFT ORLANDO ALSO SUPPORTED THE JACQUELINE BRADLEY & CLARENCE OTIS FAMILY BRANCH BOYS & GIRLS CLUB AND THE ELC BY PROVIDING COORDINATION AND FUNDING OF LIVELY LETTERS, AN ALTERNATIVE PHONICS PROGRAM FOR THE BOYS & GIRLS CLUB TUTORS AND ELC TEACHERS. LIVELY LETTERS IS A RESEARCH-BASED AND CLINICALLY PROVEN, MULTI-SENSORY READING PROGRAM THAT TURNS PLAIN, ABSTRACT LETTERS AND SOUNDS INTO LIVELY CHARACTERS. LIFT ORLANDO ALSO PURCHASED THE NEEDED MATERIALS FOR IMPLEMENTATION OF THE ORTON GILLINGHAM TRAINING, FOR THE 16 TRAINED TEACHERS. THE ORTON GILLINGHAM APPROACH IS CONSIDERED THE "GOLD STANDARD" METHOD FOR ENSURING STUDENTS WITH DYSLEXIA AND ANY STUDENT STRUGGLING TO READ, SUCCESSFULLY LEARN TO READ, WRITE AND SPELL.

OFFERED AT NO FEE TO PARTICIPANTS IN PARTNERSHIP WITH LIFT ORLANDO'S PARTNER POLIS INSTITUTE, MVP FAMILIES PROVIDES YEAR-ROUND PROGRAMMING THAT SUPPORTS FAMILIES WITH A TWO-GENERATION APPROACH THROUGH

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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DEVELOPMENTAL RELATIONSHIP BUILDING AND FAMILY WRAP-AROUND SUPPORT SERVICES. IN 2021, 105 INDIVIDUALS PARTICIPATED IN PROGRAMMING WITH 61 ADDITIONAL ADULTS AND CHILDREN PARTICIPATING IN EVENTS.

HOUSING (TOTAL: \$90,636; GRANTS: \$30,240)

ONE OF LIFT ORLANDO'S GOALS FOR HOUSING IS TO ENSURE THE AVAILABILITY OF HIGH-QUALITY, MIXED-INCOME HOUSING THAT ELEVATES THE STANDARD OF LIVING FOR LOW-INCOME FAMILIES, WHILE PROVIDING THE COMFORT OF QUALITY AMENITIES THAT ATTRACT NEW RESIDENTS. TO THAT END, LIFT ORLANDO PARTNERED TO DEVELOP PENDANA, PHASE I OF LIFT ORLANDO'S HOUSING STRATEGY, A MIXED-INCOME MULTIFAMILY APARTMENT COMMUNITY WHICH OPENED IN 2018. IN 2021, LIFT ORLANDO PAID OFF ITS NOTE PAYABLE FOR THE LAND. IN MAY OF 2020, PENDANA SENIOR RESIDENCES (PHASE II) STARTED SAFELY WELCOMING WEST LAKES SENIORS AGE 62 AND OVER. IN 2021, LIFT ORLANDO AND PARTNERS BEGAN PROVIDING FREE PROGRAMMING TO PENDANA SENIOR RESIDENTS, INCLUDING HEALTHY EATING CLASSES WITH COOKING DEMOS FROM LOCAL NUTRITIONIST HEBNI NUTRITION, CHAIR YOGA, INFORMATION WORKSHOPS SUPPLYING GUIDANCE AND HELP IN NAVIGATING MEDICARE HEALTH COVERAGE, PROVIDED TURKEYS FOR PENDANA SENIOR RESIDENCES' THANKSGIVING FEAST, AND A MONTHLY COFFEE HOUR WITH LIFT ORLANDO STAFF TO PROVIDE FEEDBACK ON LIVING AT PENDANA AND SHARE INFORMATION ABOUT PROGRAM PARTNERS.

LIFT ORLANDO CONTINUES TO BE ACTIVELY ENGAGED WITH THE MANAGEMENT COMPANY

**SCHEDULE O  
(Form 990 or 990-EZ)**

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**Supplemental Information to Form 990 or 990-EZ**

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OF PENDANA AT WEST LAKES AND THE SENIOR RESIDENCES TO FACILITATE  
COMMUNITY ENGAGEMENT AND DESIRED OUTCOMES IN THE COMMUNITY. LIFT WORKED  
ALONGSIDE COLUMBIA RESIDENTIAL AND APARTMENT LIFE TO DELIVER ON-SITE  
PROGRAMS, SERVICES, AND COMMUNITY-WIDE EVENTS SUCH AS BACK-TO-SCHOOL BASH  
(270 ATTENDEES), THE DONATION OF BACKPACKS FOR LOCAL STUDENTS, AND  
TRUNK-OR-TREAT. STAFF ATTENDED A NEW RESIDENT SOIREE, ALLOWING STAFF TO  
MEET NEW RESIDENTS AND INTRODUCE THEM TO COMMUNITY PARTNERS. LIFT  
SPONSORED GOODWILL INDUSTRIES TO DEVELOP AND COORDINATE WORKSHOPS IN  
RENTAL ASSISTANCE, HOLIDAY BUDGETING, AND CHILD TAX CREDIT AT PENDANA.  
LIFT STAFF ALSO PARTICIPATED IN THE LONG-TERM ASSET MANAGEMENT OF THE  
PROPERTIES.

LIFT ORLANDO ASSISTED 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. SPONSORED BY LIFT ORLANDO AND ADMINISTERED BY  
WLP, THIS INITIATIVE 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.  
THE PROGRAM ALSO PURCHASES FLOWERS FOR RESIDENTS (RENTERS OR HOMEOWNERS)  
TO PLANT. THE PROGRAM AIDED 15 OF WEST LAKES HOMES DURING 2021.

**FORM 990, PART VI, SECTION B, LINE 11:**

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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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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:**

THE PRESIDENT/CEO SALARY IS DETERMINED BY THE ORGANIZATION'S EXECUTIVE  
COMMITTEE OF THE BOARD OF DIRECTORS. THE PRESIDENT/CEO 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 CEO 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:

- SEVERAL CHARTS SHOWING THE COMPENSATION LEVELS BASED ON THE 2018  
GUIDESTAR NOT-FOR-PROFIT COMPENSATION REPORT
- 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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
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**Supplemental Information to Form 990 or 990-EZ**

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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.

**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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## FORM 990, PART III - PROGRAM SERVICE

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## LINE 4A, PROGRAM SERVICE

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COMMUNITY QUARTERBACK: AS THE LEAD ORGANIZATION IN WEST LAKES' COLLECTIVE IMPACT PARTNERSHIP, ALSO KNOWN AS THE COMMUNITY QUARTERBACK, LIFT ORLANDO COORDINATES THE EFFORTS OF MULTIPLE PARTNERS, RESIDENTS, BUSINESSES LEADERS, AND EDUCATORS IN THE COMMUNITY, WHILE HOLDING EACH OTHER ACCOUNTABLE TO A COMMON VISION AND A SHARED AGENDA. LIFT ORLANDO CONTINUED AND STRENGTHENED ITS ROLE AS COMMUNITY QUARTERBACK BY DEVELOPING/REVISING MEMORANDUMS OF UNDERSTANDING WITH PARTNERS, INCREASING COMMUNICATION, AND ADVOCATING FOR CONTINUED INVESTMENT AND PROGRESS FOR THE PROGRAMS AND PROJECTS WITHIN THE COMMUNITY.

LIFT ORLANDO COLLABORATES AND SPONSORS WEST LAKES PARTNERSHIP 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, WEST LAKES PARTNERSHIP ISSUES THE WEST LAKES NEWSLETTER, WITH MORE THAN 2,000 EMAIL SUBSCRIBERS. THE RESULTING E-NEWSLETTER WAS DISTRIBUTED ON A WEEKLY BASIS FOR A GRAND TOTAL OF 150,000 INDIVIDUAL EMAILS BEING DISTRIBUTED IN 2021.

IN ORDER TO MONITOR AND EVALUATE HOW LIFT AND ITS PARTNERS ARE AFFECTING EACH HOUSEHOLD IN THE COMMUNITIES OF WEST LAKES, LIFT ENGAGES POLIS INSTITUTE TO TRACK AND RECOMMEND SPECIFIC STRATEGIES TO STRENGTHEN THE IMPACT BASED ON BEST PRACTICES AND PROJECT METRICS. EACH YEAR, POLIS EXECUTES A DOOR-TO-DOOR SURVEY TO COLLECT FEEDBACK FROM WEST LAKES RESIDENTS ON HOW THEY FEEL ABOUT THE CHANGES IN THEIR COMMUNITY AS WELL AS A SPECIFIC TOPIC SUCH AS HEALTH, ECONOMIC VIABILITY, EDUCATION, ETC. POLIS UPDATED THE SURVEY INSTRUMENT THIS YEAR TO HAVE AN EDUCATIONAL FOCUS AS WELL AS RECRUITED, TRAINED AND MANAGED THE COMMUNITY SURVEYORS. THEY MADE THREE ROUNDS IN THE COMMUNITY TO 1200 HOUSEHOLDS TO GIVE ALL RESIDENTS A CHANCE TO PROVIDE THEIR FEEDBACK. 373 HOUSEHOLDS PARTICIPATED. IN ADDITION TO THIS, POLIS MANAGES A PUBLIC DASHBOARD WHICH DISPLAYS POPULATION LEVEL DATA ON INDICATORS THAT WERE SELECTED BY LIFT. POLIS GATHERS THIS POPULATION LEVEL DATA USING THE COMMUNITY SURVEY AS WELL AS SECONDARY SOURCES SUCH AS THE U.S. CENSUS AND ESRI. EACH QUARTER, POLIS COLLECTS AND ASSESSES QUANTITATIVE REPORTING FROM LIFT PROJECT PARTNERS, ACCORDING TO PRE-ESTABLISHED KPIS. POLIS PROVIDES EVALUATION AND STRATEGIC CONSULTING OF THE COLLECTIVE IMPACT GOALS AS WELL AS

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FORM 990, PART III - PROGRAM SERVICE
=====

LIFT'S ORGANIZATIONAL GOALS. POLIS STAFF MEETS MONTHLY WITH LIFT STAFF TO GATHER INFORMATION, AS WELL AS ATTENDS ALL COLLECTIVE IMPACT MEETINGS AND DOES AN IN-DEPTH INTERVIEW WITH EACH LIFT ORLANDO PROGRAM PARTNER ANNUALLY. POLIS PROVIDES AN OFFICIAL EVALUATION REPORT QUARTERLY WITH AN ASSESSMENT AND SUGGESTIONS FOR IMPROVEMENT.

IN ADDITION TO THIS, LIFT SUPPORTED A COMMUNITY PROGRAM TO PROVIDE RESIDENTS ACCESS TO FREE TOYS, SCHOOL SUPPLIES, HEALTH SCREENINGS, HOUSEHOLD ITEMS, FURNITURE, GROCERIES AND MORE.

LINE 4B, PROGRAM SERVICE
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HEALTH & WELLNESS: UNDER COMMUNITY HEALTH AND 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. IN JUNE OF 2021, LIFT ORLANDO BROKE GROUND ON THE HEART OF WEST LAKES WELLNESS CENTER AND CONTRIBUTED BUILDING CONSTRUCTION COSTS TO WEST LAKES HWC, INC. SET TO OPEN IN 2022, THE HEART WILL BE 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 WILL BE A SPACE FOR RESIDENTS TO CONNECT, LEARN, AND THRIVE, AND WILL FEATURE FIRST-CLASS AMENITIES PAIRED WITH DECOR THAT PAYS HOMAGE TO THE COMMUNITY'S RICH HISTORY. ON THE FIRST FLOOR, RESIDENTS WILL ACCESS A COMMUNITY CAFÉ, GATHERING SPACES, A COWORKING SPACE, AND THE WEST LAKES FINANCIAL WELLBEING CENTER. ON THE SECOND FLOOR, COMMUNITY HEALTH CENTERS (CHC) WILL PROVIDE COMPREHENSIVE HEALTHCARE SERVICES, PROVIDING A VITAL, NEW RESOURCE TO COMBAT THE AREA'S EXTREME LACK OF ACCESS TO HEALTHCARE SERVICES.

TO ENSURE THE NAME OF THE FUTURE HEALTH AND WELLNESS CENTER WAS AN ACCURATE REFLECTION OF THE COMMUNITY, LIFT ORLANDO CREATED A NAMING COMMITTEE, COMPOSED OF RESIDENT LEADERS FROM EACH OF THE FIVE HISTORIC WEST LAKES NEIGHBORHOODS. THE COMMITTEE WORKED WITH LIFT ORLANDO AND ITS ARCHITECT TEAM FOR SEVERAL MONTHS TO PROVIDE A CRUCIAL VOICE IN THE SELECTION OF THE NAME AND BRAND FOR THE HEALTH AND WELLNESS CENTER. THE SYMBOLISM OF THE HEART REFLECTS THE MISSION AND THE VISION OF THE CENTER PERFECTLY. HEART NOT ONLY MEANS CARE AND SUPPORT, BUT ALSO COURAGE AND FORTITUDE, ALL OF WHICH ABOUND FOR RESIDENTS SURROUNDING THIS INTEGRAL COMPONENT OF

Name of the organization

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## FORM 990, PART III - PROGRAM SERVICE

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## THE COMMUNITY.

LIFT ORLANDO SPONSORED WEST LAKES PARTNERSHIPS PROGRAM CALLED WEST LAKES COMMUNITY CLEAN-UP WHICH INVOLVED COORDINATING FOUR COMMUNITY WIDE CLEANUP EFFORTS.

ON JUNE 21, 2021, LIFT ORLANDO AND PARTNERS CELEBRATED THE REOPENING OF THE NEWLY RENOVATED LAKE LORNA DOONE PARK. LIFT PROVIDED MEDIA SUPPORT FOR THE GRAND OPENING EVENT. LAKE LORNA DOONE PARK WAS ESTABLISHED IN THE 1800S, THE HISTORIC PARK WAS A GATHERING PLACE FOR THE BLACK COMMUNITY IN THE 1950S AND THE LOCATION OF THE SOUTH'S FIRST INTERRACIAL LITTLE LEAGUE BASEBALL GAME PLAYED IN 1955. THE PARTNER-FUNDED \$9 MILLION RENOVATION NOW SEES THE PARK RETURNED TO ITS FORMER PLACE AS A GATHERING PLACE FOR THE WHOLE FAMILY, COMPLETE WITH A SPLASH PAD, PUTTING GREEN, ACCESSIBLE PLAYGROUND, WALKING NATURE PATH, AND MORE.

## LINE 4C, PROGRAM SERVICE

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ECONOMIC VIABILITY: LIFT ORLANDO'S GOAL IN LONG-TERM 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 SMALL BUSINESS ENGAGEMENT, NETWORKING EVENTS AND MARKETING, BUSINESS DEVELOPMENT SERVICES AS WELL AS THE RESEARCH, DATA AND PLANNING TO SUPPORT THIS WORK.

FOR INDIVIDUALS, THE WEST LAKES FINANCIAL WELL-BEING CENTER WAS ESTABLISHED IN LATE 2018 AND PROVIDES THOSE LIVING IN THE ZIP CODE OF 32805 WITH FREE FINANCIAL WORKSHOPS, ONE-ON-ONE FINANCIAL COACHING, AND JOB PLACEMENT SERVICES. FROM 2019 TO 2021, 151 INDIVIDUALS PARTICIPATED IN ONLINE WEBINARS (COVERING TOPICS SUCH AS BUDGETING, SAVING, INVESTING, TAXES, AND FIRST-TIME HOME BUYING), 75% OF THOSE ATTENDEES DEMONSTRATED AN INCREASE IN THEIR FINANCIAL LITERACY COMPETENCY. IN TOTAL, 151 INDIVIDUALS PARTICIPATED IN ONE-ON-ONE FINANCIAL COACHING SERVICES OFFERED BY THE CENTER, 34 INDIVIDUALS PARTICIPATED IN JOB TRAINING AND JOB PLACEMENT WEBINARS, AND 20 INDIVIDUALS WERE DIRECTLY REFERRED TO WORKFORCE DEVELOPMENT ORGANIZATIONS. PROVIDED THROUGH THE FWC BY LIFT ORLANDO'S PROGRAM PARTNER, GOODWILL INDUSTRIES OF CENTRAL FLORIDA, THE PROSPERITY PLATFORM WAS LAUNCHED IN 2021 AND IS DESIGNED TO HELP FAMILIES INCREASE INCOME AND SAVE TO EXPAND

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FORM 990, PART III - PROGRAM SERVICE

=====

ECONOMIC MOBILITY. AT THE END OF 2021, FWC HAD 51 INDIVIDUALS RECEIVING COACHING UNDER THE PROSPERITY PLATFORM MODEL. OVERALL, 76% OF MEMBERS HAVE ESTABLISHED AND MANAGED A BUDGET AND INCREASED THEIR MONEY MANAGEMENT SKILLS.

LIFT ORLANDO CONDUCTED A RESEARCH PROJECT THAT SOUGHT TO BETTER UNDERSTAND ECONOMIC MOBILITY AND OPPORTUNITY WITHIN THE COMMUNITIES OF WEST LAKES. THIS PROJECT INCLUDED FIVE WEST LAKES FOCUS GROUPS WITH A TOTAL OF 45 PARTICIPANTS. FOCUS GROUPS GARNERED DIRECT FEEDBACK FROM RESIDENTS AND LOCAL EMPLOYERS TO BETTER DEFINE THE NATURE OF THE DIVIDE BETWEEN LOCAL CAREER OPPORTUNITIES AND WEST LAKES RESIDENTS.

THE WEST LAKES DISTRICT JOINED THE CITY OF ORLANDO'S MARKET STREET PROGRAM IN MAY 2021 AND WAS FOUNDED IN PARTNERSHIP WITH LIFT ORLANDO, THE CITY OF ORLANDO, WEST LAKES PARTNERSHIP, AND A FOUNDING GROUP OF NEIGHBORHOOD ENTREPRENEURS REPRESENTING BUSINESSES WITHIN WEST LAKES. THE ORGANIZATION WORKS TO BUILD PUBLIC-PRIVATE PARTNERSHIPS TO REVITALIZE WEST LAKES' SMALL BUSINESS GROWTH, JOB CREATION, AND ECONOMIC ACTIVITY. LIFT ORLANDO PROVIDED OPERATING FUNDS IN 2021 TO SUPPORT WEST LAKES DISTRICT AND PROVIDED AN INTERIM EXECUTIVE DIRECTOR UNTIL AN EXECUTIVE DIRECTOR WAS IN PLACE.

PLANNING FOR THE NEXT PHASE OF SMALL BUSINESS SUPPORT, THE SMALL BUSINESS INSTITUTE (SBI) COMMENCED IN 2021. TO BE LOCATED WITHIN THE HEART OF WEST LAKES WELLNESS CENTER, THE SBI WAS DEVELOPED TO PROVIDE LOCAL ENTREPRENEURS AND SMALL BUSINESSES WITH PROGRAMMING, EDUCATION, EXPERTISE, AND FINANCIAL RESOURCES TO CREATE A SUPPORTIVE ENTREPRENEURIAL ECOSYSTEM THAT WILL HELP DRIVE ENTREPRENEURS FORWARD. DURING 2021, THE SBI MODEL WAS RESEARCHED AND CRAFTED. THE LONG-TERM GOAL FOR BUSINESSES PARTICIPATING IN THE SBI IS TO INCREASE COMPANY REVENUE AND OWNER HOUSEHOLD INCOME.

Name of the organization

Employer identification number

LIFT ORLANDO INC.

46-3607865

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
EDUCATION	33,853.	124,227.	NONE
HOUSING	30,240.	90,636.	195,634.
TOTALS	64,093.	214,863.	195,634.

Name of the organization

Employer identification number

LIFT ORLANDO INC.

46-3607865

FORM 990, PART IX - OTHER FEES

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DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
PROFESSIONAL FEES	239,215.	227,340.	11,875.	NONE
CONTRACTORS	91,864.	80,551.	5,663.	5,650.
TOTALS	----- 331,079. =====	----- 307,891. =====	----- 17,538. =====	----- 5,650. =====

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LIFT ORLANDO INC.

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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 46-3607865 P.O. BOX 550128 ORLANDO, FL 32855	DEVELOPMENT	FL	-444.	411,302.	LIFT ORLANDO
(2) LIFT ORLANDO COMMUNITY LAND, LLC 46-3607865 P.O. BOX 550128 ORLANDO, FL 32855	HOLD PROPERTY	FL	34,374.	4,441,129.	LIFT ORLANDO
(3) LIFT ORLANDO IMPACT INVESTMENT FUND MGR 32-0507107 P.O. BOX 550128 ORLANDO, FL 32855	MANAGEMENT	FL	579.	NONE	LIFT ORLANDO
(4) GUINYARD & GRAHAM, LLC 46-3607865 P.O. BOX 550128 ORLANDO, FL 32855	DEVELOPMENT	DE	NONE	NONE	LIFT ORLANDO
(5)					
(6)					

**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. 86-3479633 P.O. BOX 550128 ORLANDO, FL 32855	SUPPORT ORG	FL	12A	TYPE I	LIFT ORLANDO	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

**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 46-3607 P.O. BOX 550128 ORLANDO, FL 32	PROPERTY MGMT	FL	WLP1 PARTNERS	N/A	NONE	NONE		X	NONE	X		0.0051
(2) WEST LAKES PHASE II, LP 46-360 P.O. BOX 550128 ORLANDO, FL 32	PROPERTY DEVE	FL	STCC WLP11 PART	N/A	NONE	NONE		X	NONE	X		0.7100
(3)												
(4)												
(5)												
(6)												
(7)												

**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 46-3607865 P.O. BOX 550128 ORLANDO, FL 32855	MANAGEMENT	FL	LIFT ORLANDO	C CORP	-471.	506,832.	100.0000	X	
(2) LIFT ORLANDO PHASE II SLP, LLC 46-3607865 P.O. BOX 550128 ORLANDO, FL 32855	DEVELOPMENT	FL	LIFT ORLANDO	C CORP	-8,072.	NONE	100.0000	X	
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**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)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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(14)													
(15)													
(16)													