

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning		and ending	
B Check if applicable: <input 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 <u>LIFT ORLANDO INC.</u>		D Employer identification number <u>46-3607865</u>
	Doing business as		E Telephone number <u>(407) 480-5053</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>710 SOUTH TAMPA AVENUE</u> <u>209</u>		G Gross receipts \$ <u>5,555,057.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>ORLANDO, FL 32805</u>		
	F Name and address of principal officer: <u>EDWARD MORATIN</u> <u>SAME AS "C" ABOVE</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: <u>WWW.LIFTORLANDO.ORG</u>		H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: <u>2013</u>	M State of legal domicile: <u>FL</u>	

Part I Summary

Activities & Governance	1 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 TO STRENGTHEN NEIGHBORHOODS SO (CONT ON SCH O)</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	36
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,374,984.	Current Year 5,171,515.
	9 Program service revenue (Part VIII, line 2g)	306,941.	116,388.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131,732.	233,154.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,685.	21,923.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,841,342.	5,542,980.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,364,066.
14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,562,438.	2,587,920.
16a Professional fundraising fees (Part IX, column (A), line 11e)		NONE	NONE
b Total fundraising expenses (Part IX, column (D), line 25) <u>520,372.</u>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		876,853.	1,416,770.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,803,357.	6,348,840.	
19 Revenue less expenses. Subtract line 18 from line 12	4,037,985.	-805,860.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,009,729.	End of Year 20,503,897.
	21 Total liabilities (Part X, line 26)	2,951,537.	3,251,277.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,058,192.	17,252,620.

Part II Signature Block

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

Sign Here	Signature of officer <u>EDWARD MORATIN</u>		Date <u>PRESIDENT</u>		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>JACOB COOK</u>	Preparer's signature <u>JACOB COOK</u>	Date <u>10/21/2024</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01240455</u>
	Firm's name <u>BDO USA</u>	Firm's EIN <u>13-5381590</u>		Phone no. <u>616-774-7000</u>	
	Firm's address <u>200 OTTAWA AVE NW STE 300 GRAND RAPIDS, MI 49503</u>				

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** (2023)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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.

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.

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. LIFT ORLANDO INC.	Taxpayer identification number (TIN) 46-3607865
	Number, street, and room or suite no. If a P.O. box, see instructions. 710 SOUTH TAMPA AVENUE SUITE 209	
	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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

EDDY MORATIN
 The books are in the care of 710 SOUTH TAMPA AVENUE, STE 209 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, 2024, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

calendar year 2023 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
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.	3b	\$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

For Privacy Act and Paperwork Reduction Act Notice, see 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:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ 1,635,207. including grants of \$ 1,068,987.) (Revenue \$ NONE)

SEE SCHEDULE O

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

SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,100,323. including grants of \$ 41,740.) (Revenue \$ NONE)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 1,275,975. including grants of \$ 609,218.) (Revenue \$ 37,272.)

4e Total program service expenses 5,118,881.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 25		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
b If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			

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 (10), 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.

EDWARD MORATIN 710 SOUTH TAMPA AVENUE, STE 209 ORLANDO, FL 32805
407 618 3697

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

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

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

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

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

See 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 1.00	X		X				231,430.	NONE	32,283.
(2) SANDY HOSTETTER VP, ASSET DEVELOP/BOARD MEMBER	40.00 NONE	X						258,750.	NONE	1,498.
(3) MARK SHAMLEY VP OF COMMUNITY IMPACT	40.00 5.00					X		190,372.	NONE	7,834.
(4) ADRIENNE EVANS CHIEF ADMINISTRATIVE OFFICER	40.00 15.00					X		169,320.	NONE	19,562.
(5) KEEYON UPKINS DIRECTOR OF ECONOMIC VIABILITY	40.00 5.00					X		115,701.	NONE	27,273.
(6) TERRY PRATHER COO (THRU 12/23)	25.00 15.00			X				63,000.	NONE	NONE
(7) THOMAS SITTEMA BOARD MEMBER, VICE PRESIDENT	3.00 NONE	X		X				NONE	NONE	NONE
(8) WILLIAM DYMOND BOARD MEMBER, SECRETARY	3.00 NONE	X		X				NONE	NONE	NONE
(9) STEVE HOGAN BOARD MEMBER, VICE PRESIDENT	3.00 NONE	X		X				NONE	NONE	NONE
(10) BOB MILES BOARD MEMBER, TREASURER	2.00 1.00	X		X				NONE	NONE	NONE
(11) SCOTT BOYD BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(12) MARK JONES BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(13) HAROLD MILLS BOARD MEMBER	1.00 NONE	X						NONE	NONE	NONE
(14) GEOFF RICHARDS 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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	22,076.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	5,149,439.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			5,171,515.				
Program Service Revenue				Business Code				
	2a DEVELOPMENT FEE REVENUE		900099	56,848.	56,848.			
	b FACILITY USE FEES		900099	32,268.	32,268.			
	c LEASE REVENUE		900099	27,272.	27,272.			
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f			116,388.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			233,154.			233,154.	
	4 Income from investment of tax-exempt bond proceeds . . .			NONE				
	5 Royalties			NONE				
	6a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c	NONE	NONE				
	d Net rental income or (loss)				NONE			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses . .	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)				NONE			
8a Gross income from fundraising events (not including \$ 22,076. of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b		12,077.					
c Net income or (loss) from fundraising events				-12,077.		-12,077.		
9a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities				NONE				
10a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory				NONE				
Miscellaneous Revenue				Business Code				
	11a ADMIN/MGMT FEE		900099	34,000.	34,000.			
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				34,000.				
12 Total revenue. See instructions				5,542,980.	150,388.		221,077.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,271,695.	2,271,695.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	72,455.	72,455.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	586,961.	428,837.	47,468.	110,656.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,672,930.	1,051,903.	393,267.	227,760.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	180,071.	141,957.	14,050.	24,064.
10 Payroll taxes	147,958.	95,029.	30,920.	22,009.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	64,499.	46,995.	17,504.	
c Accounting	52,250.		52,250.	
d Lobbying	26,802.	26,802.		
e Professional fundraising services. See Part IV, line 17	NONE			
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.)	535,626.	393,020.	68,555.	74,051.
12 Advertising and promotion	48,011.	43,964.	995.	3,052.
13 Office expenses	37,788.	19,851.	15,374.	2,563.
14 Information technology	52,171.	24,138.	5,329.	22,704.
15 Royalties	NONE			
16 Occupancy	56,778.	33,018.	18,568.	5,192.
17 Travel	18,870.	15,084.	119.	3,667.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	308,308.	285,017.	4,945.	18,346.
20 Interest	2,022.	2,022.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	7,223.	3,815.	2,470.	938.
23 Insurance	47,628.	35,083.	12,545.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses 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	59,996.	46,331.	11,822.	1,843.
b OTHER PROGRAM COSTS	55,208.	55,208.		
c MEMBERSHIPS & SUBSCRIPTIONS	28,804.	26,066.	2,738.	
d BAD DEBT EXPENSE	10,000.		10,000.	
e All other expenses	4,786.	591.	668.	3,527.
25 Total functional expenses. Add lines 1 through 24e	6,348,840.	5,118,881.	709,587.	520,372.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,864,287.	1	4,397,572.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	1,065,375.	3	599,325.
	4 Accounts receivable, net	NONE	4	NONE
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	25,000.	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	10,718,991.	7	10,560,824.
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	42,311.	9	74,442.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,217,165.		
	b Less: accumulated depreciation	10b 6,623.		
		4,293,765.	10c	4,210,542.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	NONE	15	661,192.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,009,729.	16	20,503,897.	
Liabilities	17 Accounts payable and accrued expenses	245,556.	17	90,115.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	1,318,182.	19	1,290,909.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	1,387,799.	23	1,250,000.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	NONE	25	620,253.
	26 Total liabilities. Add lines 17 through 25	2,951,537.	26	3,251,277.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	15,998,322.	27	16,211,252.
	28 Net assets with donor restrictions	2,059,870.	28	1,041,368.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,058,192.	32	17,252,620.
33 Total liabilities and net assets/fund balances	21,009,729.	33	20,503,897.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,542,980.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,348,840.
3	Revenue less expenses. Subtract line 2 from line 1	3	-805,860.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,058,192.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	288.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,252,620.

Part XII Financial Statements and Reporting

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

- 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

LIFT ORLANDO INC.

Employer identification number

46-3607865

Part I 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)						
Total						

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

Schedule A (Form 990) 2023

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2023 (83.69%); 15 Public support percentage from 2022 Schedule A, Part II, line 14 (76.34%); 16a 33 1/3% support test - 2023 (checked); 16b 33 1/3% support test - 2022; 17a 10%-facts-and-circumstances test - 2023; 17b 10%-facts-and-circumstances test - 2022; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

14 First 5 years. 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

Table with 3 columns: Description, 2023, 2022. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2023, 2022. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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>		
b 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described 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

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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

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

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

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS	5,438.	5,755.	10,000.	NONE	NONE	21,193.
TOTALS	5,438.	5,755.	10,000.	NONE	NONE	21,193.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

LIFT ORLANDO INC.

46-3607865

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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 <p style="text-align: center;">LIFT ORLANDO INC.</p>	Employer identification number <p style="text-align: center;">46-3607865</p>
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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 <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/>	\$ 619,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/>	\$ 607,649.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/>	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">LIFT ORLANDO INC.</p>	Employer identification number <p style="text-align: center;">46-3607865</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 133,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/> <hr/>	\$ 121,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LIFT ORLANDO INC.

Employer identification number

46-3607865

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

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

Name of organization <p style="text-align: center;">LIFT ORLANDO INC.</p>	Employer identification number <p style="text-align: center;">46-3607865</p>
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Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization LIFT ORLANDO INC.	Employer identification number 46-3607865
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	NONE													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	26,802.													
c Total lobbying expenditures (add lines 1a and 1b)	26,802.													
d Other exempt purpose expenditures	6,322,038.													
e Total exempt purpose expenditures (add lines 1c and 1d)	6,348,840.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	467,442.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	116,861.													
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount				467,442.	467,442.
b Lobbying ceiling amount (150% of line 2a, column (e))					701,163.
c Total lobbying expenditures				26,802.	26,802.
d Grassroots nontaxable amount				116,861.	116,861.
e Grassroots ceiling amount (150% of line 2d, column (e))					175,292.
f Grassroots lobbying expenditures				NONE	NONE

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

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

Table with 3 columns: Question, Yes, No. Questions about dues, nondeductible lobbying, and aggregate amounts.

Part IV Supplemental Information

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

Horizontal lines for providing supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-A, LINE 1B:

THE FILING ORGANIZATION ENGAGED GRAYROBINSON FOR EXECUTIVE AND
LEGISLATIVE LOBBYING SERVICES IN THE AMOUNT OF \$26,802.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

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 conservation 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 collections, revenue included, and assets included.

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

Schedule D (Form 990) 2023

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 |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

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

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

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

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

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

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

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	NONE	4,156,032.		4,156,032.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	NONE	61,133.	6,623.	54,510.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,210,542.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

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) LEASE LIABILITIES	620,253.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers, descriptions, and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

LIFT ORLANDO IS A TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND ARE EXEMPT FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS IN THE FLORIDA INCOME TAX CODE. LIFT ORLANDO'S OTHER WHOLLY OWNED SUBSIDIARIES WERE INCORPORATED UNDER THE FLORIDA REVISED LIMITED LIABILITY COMPANY ACT AND ARE CONSIDERED DISREGARDED ENTITIES FOR FEDERAL AND STATE INCOME TAX PURPOSES, EXCEPT FOR LOGP AND LOSLP. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

DURING 2018 AND 2020, LOGP AND LOSLP, RESPECTIVELY, ELECTED TO BE TREATED AS A TAXABLE CORPORATION UNDER PROVISIONS OF THE IRC AND THE FLORIDA INCOME TAX CODE AND ARE SUBJECT TO FEDERAL AND STATES TAXES. THE PROVISION FOR INCOME TAXES FOR IS DETERMINED USING THE ASSET AND LIABILITY APPROACH OF ACCOUNTING FOR INCOME TAXES. UNDER THIS APPROACH, DEFERRED INCOME TAXES REFLECT THE NET TAX EFFECTS OF TEMPORARY DIFFERENCES BETWEEN THE CARRYING AMOUNTS OF ASSETS AND LIABILITIES FOR FINANCIAL REPORTING PURPOSES AND THE AMOUNTS USED FOR INCOME TAX PURPOSES AND NET OPERATING LOSS AND TAX CREDIT CARRYFORWARDS. THE AMOUNT OF DEFERRED TAXES, IF ANY, ON THESE TEMPORARY DIFFERENCES IS DETERMINED USING THE TAX RATES THAT ARE EXPECTED TO APPLY TO THE PERIOD WHEN THE ASSET IS REALIZED OR THE LIABILITY IS SETTLED, AS APPLICABLE, BASED ON TAX RATES AND LAWS IN THE RESPECTIVE TAX JURISDICTION ENACTED AS OF THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION DATE. THERE ARE NO DEFERRED TAX ASSETS OR LIABILITIES AT DECEMBER 31, 2023 AND 2022.

Part XIII Supplemental Information (continued)

THE ORGANIZATION IDENTIFIES AND EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, AND RECOGNIZES THE IMPACT OF UNCERTAIN TAX POSITIONS FOR WHICH THERE IS A LESS THAN MORE-LIKELY-THAN-NOT PROBABILITY OF THE POSITION BEING UPHELD WHEN REVIEWED BY THE RELEVANT TAXING AUTHORITY. SUCH POSITIONS ARE DEEMED TO BE UNRECOGNIZED TAX BENEFITS AND A CORRESPONDING LIABILITY IS ESTABLISHED ON THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. THE ORGANIZATION HAS NOT RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS. IF THERE WERE AN UNRECOGNIZED TAX BENEFIT, THE ORGANIZATION WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. THE ORGANIZATIONS TAX YEARS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY REMAIN OPEN FOR THREE YEARS FROM THE DATE OF FILING.

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
		10 YR ANNIV CEL (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	22,076.		22,076.
	2	Less: Contributions	22,076.		22,076.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	3,746.		3,746.
	8	Entertainment	1,380.		1,380.
	9	Other direct expenses	6,951.		6,951.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			12,077.
11	Net income summary. Subtract line 10 from line 3, column (d)			-12,077.	

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	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 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).

**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

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Go to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEST LAKES HWC, INC. 710 S. TAMPA AVE, STE 209 ORLANDO, FL 32805	86-3479633	501(C)(3)	610,000.	388,968.	ACTUAL	LEASEHOLD IMPROVMENT	SEE PART IV
(2) ADVENTHEALTH FOUNDATION CENTRAL FLORIDA 800 N MAGNOLIA AVE, 6 FL ORLANDO, FL 32803	59-2219301	501(C)(3)	525,000.				SEE PART IV
(3) LEGENDS ACADEMY P.O. BOX 2031 ORLANDO, FL 32802	59-3662275	501(C)(3)	216,487.				SEE PART IV
(4) ORLANDO ECONOMIC PARTNERSHIP 200 S ORANGE AVE, STE200 ORLANDO, FL 32801	59-1767933		125,000.				SEE PART IV
(5) WEST LAKES PARTNERSHIP, INC 1221 COLONIAL DR ORLANDO, FL 32804	81-0876563	501(C)(3)	106,000.				SEE PART IV
(6) EARLY LEARNING SHARED SVCS ALLIANCE, INC. 2605 COCHISE TRAIL WINTER PARK, FL 32789	87-1309240	501(C)(3)	45,000.				SEE PART IV
(7) FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS 445 W. AMELIA ST. STE 901 ORLANDO, FL 32801	59-2788435		29,000.				SEE PART IV
(8) CHILDREN'S LEGACY CHRISTIAN ACADEMY, LLC 1408 W MICHIGAN ST ORLANDO, FL 32805	86-3228377		15,200.				SEE PART IV
(9) GREATER TOMORROW CHRISTIAN ACADEMY 16 S DOLLINS AVE ORLANDO, FL 32805	03-0604866		15,200.				SEE PART IV
(10) GREAT MINDS ACADEMY, LLC 1264 S RIO GRANDE AVE ORLANDO, FL 32805	85-0615283		15,200.				SEE PART IV
(11) NU GENERATION ACADEMY 1225 25TH ST ORLANDO, FL 32805	47-1590104		15,200.				SEE PART IV
(12) KIDZVILLE ACADEMY INC 1800 W. WASHINGTON ST ORLANDO, FL 32805	47-4618793		10,700.				SEE PART IV

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

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Go to 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

- 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
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KINGDOM KIDS DEVELOPMENT CENTER 291 WILSON AVE ORLANDO, FL 32805	82-2661274		10,700.				SEE PART IV
(2) MT SINAI CHILD DEVELOPMENT CENTER 2610 ORANGE CENTER BLVD ORLANDO, FL 32805	35-2477326		10,700.				SEE PART IV
(3) RAE OF SUNSHINE 624 BETHUNE DR ORLANDO, FL 32805	47-4780528		10,700.				SEE PART IV
(4) CHARITY LEARNING ACADEMY INC 725 S GOLDWYN AVE ORLANDO, FL 32805	46-0774101		10,700.				SEE PART IV
(5) BOYS & GIRLS CLUB OF CENTRAL FLORIDA, INC. 101 E. COLONIAL DRIVE ORLANDO, FL 32801	59-0951887		10,000.				SEE PART IV
(6) GOODWILL INDUSTRIES OF CENTRAL FL, INC. 7531 S. ORANGE BLOSSOM ORLANDO, FL 32809	59-0908166	501(C)(3)	10,000.				SEE PART IV
(7) LITTLE PEOPLE LEARNING CENTER, INC. 1033 W MICHIGAN STREET ORLANDO, FL 32805	01-0778735		7,700.				SEE PART IV
(8) LEARNING LADDERS PRESCHOOL 297 S COTTAGE HILL ROAD ORLANDO, FL 32805	81-2972833		7,700.				SEE PART IV
(9) GENERATIONS OF LEADERS LEARNING CENTER, LLC 1430 W KALEY AVENUE ORLANDO, FL 32805	84-3603613		7,700.				SEE PART IV
(10) GMA'S CHILDCARE AND LEARNING CENTER, INC. 2385 WEST CHURCH ST ORLANDO, FL 32805	82-2074183		7,700.				SEE PART IV
(11) DREAMS COME TRUE CHILDCARE JW 3195 WEST CENTRAL BLVD ORLANDO, FL 32805	47-3229082		7,700.				SEE PART IV
(12) CHARLI'S PRECIOUS ANGELS HOME DAYCARE 861 W LAKE MANN DR ORLANDO, FL 32805	47-2936681		7,700.				SEE PART IV

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

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

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

Schedule I (Form 990) 2023

**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.
Attach to Form 990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

LIFT ORLANDO INC.

46-3607865

Part I General Information on Grants and Assistance

- 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
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SUPERSTAR'S ACADEMY LEARNING CENTER, INC. 422 S. PARRAMORE AVE ORLANDO, FL 32805	30-0588202		7,700.				SEE PART IV
(2) PLAY, LAUGH & GROW LEARNING ACADEMY, INC. 2395 W CHURCH STREET ORLANDO, FL 32805	47-1412220		7,700.				SEE PART IV
(3) RAISING ANGELS CHILD DEVELOPMENT, INC. 1720 S. RIO GRANDE AVE ORLANDO, FL 32805	20-1345727		7,700.				SEE PART IV
(4) SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA 411 MERCY DRIVE ORLANDO, FL 32805	59-2142315		6,490.				SEE PART IV
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2023

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 EDUCATION SCHOLARSHIPS	8	55,000.			
2 SMALL BUSINESS COHORT PARTICIPANTS	13	16,250.			
3 ORAL SURGERY FOR RESIDENT	1	1,205.			
4					
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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
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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
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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) WEST LAKES HWC, INC. - DONATION FOR THE HEART OF WEST LAKES WELLNESS CENTER AND TRANSFER LIFT'S LEASEHOLD IMPROVEMENTS TO WLHWC AS ACCOUNTING OWNER.
- 2) ADVENTHEALTH FOUNDATION CENTRAL FLORIDA - OPERATING SUPPORT AND SUPPORT OF EARLY LEARNING CENTER COLLABORATIVE.
- 3) LEGENDS ACADEMY - OPERATIONAL SUPPORT, SUMMER SCHOOL FUNDING, TEACHER

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

APPRECIATION AND EARLY LITERACY EDUCATION SUPPORT.

4) ORLANDO ECONOMIC PARTNERSHIP - PROVIDE RESOURCES IN LEADERSHIP

DEVELOPMENT, ECONOMIC DEVELOPMENT, RESEARCH AND DATA, MARKETING, AND

PUBLIC AFFAIRS.

5) WEST LAKES PARTNERSHIP, INC. - COMMUNITY ENGAGEMENT/OUTREACH AND

SUPPORT OF WEST LAKES RESIDENTIAL PAINT BEAUTIFIFICATION PROGRAM, WEST

LAKES COMMUNITY CLEAN-UP, RECLAIMING THE DREAM HOUSING REHAB PROJECT.

6) EARLY LEARNING SHARED SERVICES ALLIANCE, INC. - SUPPORT FOR BACK

OFFICE ADMINISTRATIVE SERVICES AND BUSINESS COACHING.

7) FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS, INC. - EQUIPMENT,

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

INSTALLATION, AND TRAINING FOR ORANGE CENTER ELEMENTARY'S RENOVATED
ONSITE TELEVISION STUDIO.

8) CHILDREN'S LEGACY CHRISTIAN ACADEMY, LLC - PARTICIPATION IN LIFT'S
EARLY LEARNING ECOSYSTEM PROGRAM.

9) GREATER TOMORROW CHRISTIAN ACADEMY - PARTICIPATION IN LIFT'S EARLY
LEARNING ECOSYSTEM PROGRAM.

10) GREAT MINDS ACADEMY, LLC - PARTICIPATION IN LIFT'S EARLY LEARNING
ECOSYSTEM PROGRAM.

11) NU GENERATION ACADEMY - PARTICIPATION IN LIFT'S EARLY LEARNING
ECOSYSTEM PROGRAM.

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

12) KIDZVILLE ACADEMY, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

13) KINGDOM KIDS DEVELOPMENT CENTER - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

14) MT SINAI CHILD DEVELOPMENT CENTER - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

15) RAE OF SUNSHINE - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

16) CHARITY LEARNING ACADEMY, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

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

17) BOYS & GIRLS CLUB OF CENTRAL FLORIDA, INC. - PROVIDE MUSICAL INSTRUMENTS AND ACCESSORIES FOR USE IN PROGRAMMING.

18) GOODWILL INDUSTRIES OF CENTRAL FLORIDA, INC. - IMPLEMENT PROSPERITY MODEL IN THE WEST LAKES FINANCIAL WELLBEING CENTER.

19) LITTLE PEOPLE LEARNING CENTER, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

20) LEARNING LADDERS PRESCHOOL - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

21) GENERATIONS OF LEADERS LEARNING CENTER, LLC - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

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

22) GMA'S CHILDCARE AND LEARNING CENTER, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

23) DREAMS COME TRUE CHILDCARE JW - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

24) CHARLI'S PRECIOUS ANGELS HOME DAYCARE - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

25) SUPERSTAR'S ACADEMY LEARNING CENTER, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

26) PLAY, LAUGH & GROW LEARNING ACADEMY, INC. - PARTICIPATION IN LIFT'S EARLY LEARNING ECOSYSTEM PROGRAM.

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

27) RAISING ANGELS CHILD DEVELOPMENT, INC. - PARTICIPATION IN LIFT'S
EARLY LEARNING ECOSYSTEM PROGRAM.

28) SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA - DONATION IN SUPPORT OF
2023 LAKE SUNSET COMMUNITY HOLIDAY DINNER.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LIFT ORLANDO INC.

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input type="checkbox"/>

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

Schedule J (Form 990) 2023

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 SANDY HOSTETTER VP, ASSET DEVELOP/BOARD MEMBER	(i)	225,000.	33,750.	NONE	NONE	1,498.	260,248.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 EDWARD MORATIN PRESIDENT	(i)	176,430.	55,000.	NONE	9,515.	22,768.	263,713.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ADRIENNE EVANS CHIEF ADMINISTRATIVE OFFICER	(i)	146,700.	22,620.	NONE	5,568.	13,994.	188,882.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 MARK SHAMLEY VP OF COMMUNITY IMPACT	(i)	165,097.	25,275.	NONE	NONE	7,834.	198,206.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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 for instructions and the latest information.

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**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 section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(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)												
Total						\$	NONE					

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.	NONE		X		X		X
TOTAL					----- NONE =====						

**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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▶ Attach to Form 990 or 990-EZ.

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FORM 990, PART I, LINE 1 (CONTINUED):

PEOPLE CAN THRIVE THROUGH HOUSING, EDUCATION, HEALTH AND WELLNESS, AND
ECONOMIC VIABILITY.

FORM 990, PART III, LINE 4D:

ECONOMIC VIABILITY (TOTAL: \$455,950; GRANTS: \$161,250)

LIFT ORLANDO'S GOAL IN ECONOMIC VIABILITY IS TO STIMULATE THE
NEIGHBORHOOD ECONOMY THROUGH INVESTMENTS IN EMPLOYMENT AND
ENTREPRENEURSHIP PROGRAMS THAT INCREASE INCOME LEVELS FOR FAMILIES. LIFT
ORLANDO CONTINUED TO WORK ON PROVIDING ONE-ON-ONE FINANCIAL COACHING TO
RESIDENTS AND FAMILIES, SMALL BUSINESS ENGAGEMENT, NETWORKING EVENTS AND
MARKETING, BUSINESS DEVELOPMENT SERVICES, AS WELL AS THE RESEARCH, DATA,
AND PLANNING TO SUPPORT THIS WORK.

LIFT'S SMALL BUSINESS INSTITUTE (SBI) ACCELERATOR PROGRAM, LAUNCHED IN
MID-2023, CHanneled SMALL BUSInesses INTO ITS FRAMEWORK, OFFERING
ONE-ON-ONE BUSINESS DEVELOPMENT, STRATEGIC PLANNING, AND SUBGRANTS WHILE
FOSTERING LONG-TERM MENTORSHIP AND CONNECTIONS. PARTICIPANTS UTILIZED
APPROXIMATELY 200 CONSULTATION HOURS AND RECEIVED FUNDING FOR EQUIPMENT,
MARKETING, AND STAFFING. NOTABLE BENEFICIARIES INCLUDED HEBNI NUTRITION
CONSULTANTS, WHICH RECEIVED SUPPORT FOR FACADE RENOVATION; SUNFLOWER
CREATIVE CLEANING, WHICH IMPROVED ITS DIGITAL PRESENCE AND BUSINESS
GROWTH; AND LEGACY CAFé, WHICH SECURED FUNDING FOR ITS LAUNCH AND
OPERATIONAL NEEDS. ALSO, THE SBI'S BI-ANNUAL 14-WEEK COHORT LAUNCHED IN

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SEPTEMBER 2023. FACILITATED IN PARTNERSHIP WITH THE CENTER FOR MICRO-ENTREPRENEURSHIP AND TRAINING, THE PROGRAM TARGETS LOCAL SMALL BUSINESS OWNERS AND IS DESIGNED TO DEVELOP BUSINESS APTITUDE THROUGH INTERACTIVE EDUCATION ON TOPICS SUCH AS VALUE PROPOSITION, BUSINESS LAW, BRANDING, ACCESS TO CAPITAL, STORYTELLING, AND MORE. OUR TEAM RECEIVED 52 APPLICATIONS TO PARTICIPATE IN THE FIRST COHORT. 19 LOCAL MINORITY ENTREPRENEURS WERE SELECTED AND PARTICIPATED, INCLUDING 17 SMALL BUSINESSES OPERATED BY MINORITY WOMEN.

FOR INDIVIDUALS, THE WEST LAKES FINANCIAL WELLBEING CENTER (FWC) CONTINUED TO PROVIDE FREE ONE-ON-ONE FINANCIAL COACHING TO THOSE LIVING IN THE ZIP CODE OF 32805. IN 2023, 45 RESIDENTS PARTICIPATED IN THE PROSPERITY PLATFORM. OF THOSE PARTICIPANTS, 46% COMPLETED A BUDGET, 48% INCREASED FINANCIAL CAPABILITY/HEALTH, AND 23% INCREASED SAVINGS WITH AN AVERAGE \$4,329 OF SAVINGS INCREASED.

FOUNDED BY LIFT ORLANDO, THE CITY OF ORLANDO, WEST LAKES PARTNERSHIP, AND A GROUP OF NEIGHBORHOOD ENTREPRENEURS, WEST LAKES DISTRICT CONTINUED TO WORK TO BUILD PUBLIC-PRIVATE PARTNERSHIPS TO REVITALIZE WEST LAKES' SMALL BUSINESS GROWTH, JOB CREATION, AND ECONOMIC ACTIVITY. LIFT ORLANDO SPONSORED WEST LAKES DISTRICT'S COMMUNITY PLAY DATE IN 2023. THE COMMUNITY EVENT OFFERED RESIDENTS AND FAMILIES ACCESS TO LOCAL BUSINESSES, SPORTS, PLAY ACTIVITIES, ART WORKSHOPS, ART VENDORS, FOOD TRUCKS, INTERACTIVE ESPORTS, A FARMER'S MARKET, LIVE PERFORMANCES, AND MORE.

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HOUSING (TOTAL: \$431,057; GRANTS: \$59,000; REVENUE: \$37,272)

LIFT ORLANDO'S GOAL FOR MIXED-INCOME HOUSING IS TO DEVELOP HIGH-QUALITY MIXED-INCOME HOMES THAT ARE AFFORDABLE FOR RESIDENTS AND ATTRACT FAMILIES BACK TO THE NEIGHBORHOOD. LIFT ORLANDO PARTNERED TO DEVELOP PENDANA, PHASE I OF LIFT ORLANDO'S HOUSING STRATEGY, A MIXED-INCOME MULTIFAMILY APARTMENT COMMUNITY WHICH OPENED IN 2018. LIFT CONTINUES TO BE ACTIVELY ENGAGED WITH THE MANAGEMENT COMPANY OF PENDANA AT WEST LAKES TO FACILITATE COMMUNITY ENGAGEMENT AND DESIRED OUTCOMES IN THE COMMUNITY.

IN MAY OF 2020, PENDANA SENIOR RESIDENCES (PHASE II) STARTED SAFELY WELCOMING WEST LAKES SENIORS AGE 62 AND OVER. LIFT ORLANDO'S PARTNERSHIPS WITH SENIORS FIRST AND OTHER COMMUNITY ORGANIZATIONS HAVE CONTINUED TO PROVIDE HOLISTIC HEALTH AND WELL-BEING PROGRAMMING FOR SENIORS. THIS PROGRAMMING PROVIDED NUTRITIONALLY BALANCED MEALS AND SOCIAL ACTIVITIES INCLUDING A POETRY WORKSHOP, KITCHEN APOTHECARY CLASS, MEMORY GAMES, PAINTING, CHAIR STRETCHING EXERCISES, PUZZLES, CHILI RECIPE AND TASTING, ESTATE PLANNING, A LIFE INSURANCE AWARENESS INFORMATION SESSION, SENIOR SAFETY, BLOOD PRESSURE DISCUSSIONS, AND GAMES SUCH AS BINGO, Pictionary, CHECKERS, AND MORE. DURING THESE WEEKLY PROGRAMS, RESIDENTS HAVE BEEN ABLE TO MEET AND BEFRIEND THEIR NEIGHBORS AND HAVE CREATED A CARING AND LOVING COMMUNITY THAT SUPPORTS ONE ANOTHER. OVER 40 ACTIVITIES WERE HELD WITH AN AVERAGE OF APPROXIMATELY 20 ATTENDEES PER ACTIVITY.

**SCHEDULE O
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LIFT ORLANDO FUNDED WEST LAKES PARTNERSHIP (WLP) IN THEIR ONGOING COMMUNITY BEAUTIFICATION PROJECT. THE WEST LAKES RESIDENTIAL PAINT AND BEAUTIFICATION PROGRAM WORKS TO IMPROVE HOUSING STOCK WITHIN THE COMMUNITIES OF WEST LAKES AND PROVIDES MATCHING GRANTS THAT SUPPORT WEST LAKES HOMEOWNERS' BEAUTIFICATION EFFORTS. THE PROGRAM OFFERS 10-15 OWNER-OCCUPIED HOMES OF LEGACY RESIDENTS (WHO HAVE LIVED IN THE NEIGHBORHOOD FOR AT LEAST TEN YEARS) UP TO \$3,000 TOWARD HOME PAINTING AND FLOWERS FOR PLANTING. THE PROGRAM AIDED 26 OF WEST LAKES HOMES DURING 2023.

IN PARTNERSHIP WITH THE ORLANDO HOUSING AUTHORITY AND WITH SUPPORT OF THE CITY OF ORLANDO, LIFT WAS AWARDED THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S (HUD) FY23 CHOICE NEIGHBORHOODS PLANNING GRANT. THE 2-YEAR PLANNING PROCESS BEGAN IN LATE 2023, STARTING WITH PRE-PLANNING AND THE FORMATION OF REQUIRED COMMITTEES AND WORKING GROUPS.

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

THE STAFF WORKS WITH THE TAX PREPARATION TEAM AT BDO TO PREPARE THE 990. THE FORM IS THEN REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. UPON APPROVAL OF THE FINANCE COMMITTEE, THE DRAFT IS EMAILED TO THE BOARD FOR REVIEW AND TO PROVIDE AN OPPORTUNITY FOR FEEDBACK PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL STATEMENT ACKNOWLEDGING

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Department of the Treasury
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LIFT ORLANDO INC.

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UNDERSTANDING OF THE POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT'S SALARY IS DETERMINED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE PRESIDENT DETERMINES STAFF SALARIES BASED ON THE EXPERIENCE AND EDUCATION OF THE STAFF MEMBER IN COMBINATION WITH THE RESPONSIBILITY OF THE ROLE AND THE COMPENSATION FOR SIMILAR ROLES IN THE MARKET AND AT OTHER NONPROFITS.

THE EXECUTIVE COMPENSATION FOR THE PRESIDENT WAS REVIEWED AND APPROVED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. IN ORDER TO DETERMINE A FAIR AMOUNT, THE FOLLOWING INFORMATION WAS USED TO MAKE A DECISION:

-MARKET COMPENSATION ANALYSIS PREPARED BY EWELL & ASSOCIATES IN DECEMBER 2022 ALONG WITH PRIOR MARKET COMPENSATION ANALYSIS FROM GUIDESTAR/CANDID IN LATE 2021.

-THE SIZE OF AN ORGANIZATION'S OPERATING BUDGET (I.E., ANNUAL REVENUES)

-COMPLEXITY OF LIFT ORLANDO'S TYPE OF WORK AND THE UNIQUE SKILLS REQUIRED

-DIRECT OPERATING BUDGET (I.E., INCOME STATEMENT)

-COMPLEXITY OF LEGAL STRUCTURES RELATED TO THE ABOVE ASSET-BASED PROJECTS

WHICH WILL NOT RESULT IN INCOME STATEMENT ACTIVITY FOR LIFT ORLANDO AS

MUCH AS IT WILL INVOLVE SOME BALANCE SHEET ACTIVITY - AT LEAST IN THE

EARLY YEARS OF THE ORGANIZATION.

ALL PROPER DOCUMENTATION AND RECORDKEEPING OF THIS INFORMATION AND

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
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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.

Name of the organization

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FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

LIFT ORLANDO IS A NONPROFIT ORGANIZATION WORKING WITH RESIDENTS, BUSINESS LEADERS, AND COMMUNITY PARTNERS TO STRENGTHEN NEIGHBORHOODS SO PEOPLE CAN THRIVE BY PROVIDING MIXED-INCOME HOUSING, CRADLE-TO-CAREER EDUCATION PATHWAYS, HEALTH AND WELLNESS SERVICES, AND ECONOMIC VIABILITY OPPORTUNITIES. WE INTENTIONALLY INVEST IN HOLISTIC AND RESIDENT-CENTERED TOOLS, EDUCATION, AND SUPPORT THAT IS CREATED AND MAINTAINED COLLECTIVELY ALONGSIDE RESIDENTS AND PARTNERS.

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

LINE 4A, PROGRAM SERVICE

EDUCATION: LIFT ORLANDO'S CRADLE-TO-CAREER GOAL IS TO SUPPORT A HIGH PERFORMING EDUCATIONAL PATHWAY BEGINNING WITH EARLY CHILDHOOD ALL THE WAY TO PROMISING CAREERS. LIFT ORLANDO SUPPORTS THE EDUCATIONAL PATHWAY BY ENGAGING COMMUNITY MEMBERS AND COORDINATING ALIGNMENT BETWEEN THE COMMUNITY SCHOOLS, COMMUNITY MEMBERS AND BEST IN CLASS NOT-FOR-PROFITS, WHILE MEASURING AND EVALUATING PROGRESS TOWARDS OUR SHARED GOALS.

TO FURTHER THIS MISSION, LIFT BEGAN DEVELOPING A SCHOLARSHIP PROGRAM IN 2023, EMPOWERED SCHOLARS. THE PROGRAM ADDRESSES IDENTIFIED BARRIERS THAT CREATE A LACK OF ACCESS TO ACADEMIC SUPPORT RESOURCES, WHICH CAN LEAD TO STUDENTS BEING UNDERPREPARED FOR POST-SECONDARY EDUCATION. THE PROGRAM INCLUDES A SCHOLARSHIP ADVISORY COMMITTEE THAT RECRUITS STUDENTS/FAMILIES INTO THE PROGRAM, SELECTS RECIPIENTS, ADVISES ON PROGRAM COMPONENTS, AND MORE. IN 2023, 8 WEST LAKES' STUDENTS WERE AWARDED SCHOLARSHIP FUNDING.

LIFT ORLANDO CONTINUED ITS SUPPORT OF THE WEST LAKES EARLY LEARNING CENTER (ELC) BY PARTICIPATING IN FUNDRAISING, COMMUNITY ENGAGEMENT AND PROGRAMMATIC PARTNER COORDINATION. THE ELC PROVIDES HIGH QUALITY AND AFFORDABLE EARLY CHILDHOOD EDUCATION FOR THE CHILDREN OF WEST LAKES. IN 2023, THE ELC PROVIDED 150 COMPREHENSIVE SPEECH OPPORTUNITIES INCLUDING SPEECH AND LANGUAGE, ABA THERAPY, OCCUPATIONAL THERAPY AND MORE; 406 PATIENTS WERE SEEN IN THE ELC'S ONSITE PEDIATRIC CLINIC SERVICED BY LIFT PARTNER AND HEART HEALTHCARE PROVIDER COMMUNITY HEALTH CENTERS (CHC).

LIFT'S EDUCATION TEAM EXECUTED ITS SECOND YEAR OF AN EARLY LEARNING PROGRAM WHICH SUPPORTS EARLY EDUCATION PROVIDERS IN WEST LAKES BY PROVIDING MISSING RESOURCES NEEDED TO NURTURE YOUNG CHILDREN'S COGNITIVE AND SOCIAL EMOTIONAL DEVELOPMENT FOR SUCCESS IN SCHOOL. THROUGH THIS PROGRAM, OUR TEAM INVESTED IN 18 EARLY LEARNING PROVIDERS IN THE 32805 ZIP CODE. THESE FUNDS HAVE BEEN ALLOCATED TO MAKE INFRASTRUCTURE UPDATES, ENHANCE CURRICULUM AND TEACHING RESOURCES. OUR PARTNERSHIP WITH EARLY LEARNING PROVIDERS HAS IMPACTED APPROXIMATELY 927 STUDENTS WITHIN THE 32805 ZIP CODE.

LIFT ORLANDO RESUMED ITS PARTNERSHIP WITH LEGENDS ACADEMY, A LOCAL STEM-FOCUSED CHARTER SCHOOL SERVING GRADES K-8, TO ENHANCE

Name of the organization

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

LITERACY AND EDUCATION. THIS COLLABORATION HAS PROVIDED 11 TEACHERS WITH 30-40 HOURS OF ORTON-GILLINGHAM TRAINING, IMPACTING 179 STUDENTS. THE SUMMER READING INITIATIVE AND THE ACCELERATED READING PROGRAM GREATLY ENHANCED LITERACY SKILLS, RESULTING IN A 91.7% INCREASE IN READING SCORES AND PROMOTING SUSTAINED READING ENGAGEMENT THROUGH TAILORED BOOK SELECTIONS AND ASSESSMENTS. LIFT ORLANDO'S RESOURCE TEACHER SUPPORTED 38 STUDENTS AND 20 TEACHERS, AND 303 PARENTS ENGAGED IN LITERACY TRAINING. EFFORTS ALSO INCLUDE PURCHASED BOOKS & STORAGE BINS, PROVIDING SUPPLIES AND AIDING TEACHER RECRUITMENT, WITH ADDITIONAL COMMUNITY EVENTS DRAWING OVER 500 PARTICIPANTS.

LIFT CONTINUED TO WORK WITH THE JACQUELINE BRADLEY & CLARENCE OTIS FAMILY BRANCH BOYS & GIRLS CLUB. LIFT PROVIDED FUNDS TO PURCHASE 75 MUSICAL INSTRUMENTS AND ACCESSORIES FOR USE IN MUSIC LESSONS, PRACTICE, AND PERFORMANCES AT THE WEST LAKES' CLUB. SIXTY CHILDREN (59% OF CLUB MEMBERSHIP) PARTICIPATED IN THE 10-WEEK SUMMER MUSIC PROGRAM AND 83% CONTINUED LESSONS DURING THE SCHOOL YEAR IN THE CLUB'S AFTER-SCHOOL PROGRAM.

IN 2023, LIFT CONTINUED TO FOSTER RELATIONSHIPS WITH AND WORK BESIDE SCHOOL ADMINISTRATORS, TEACHERS, PARENTS, AND COMMUNITY PARTNERS TO ACTIVELY DEVELOP SERVICES THAT DISMANTLE BARRIERS THAT PREVENT EDUCATIONAL ADVANCEMENT, WHILE TACKLING HISTORIC GAPS AND ENVIRONMENTAL FACTORS THAT INHIBIT A CHILD'S ACHIEVEMENT POTENTIAL. IN ADDITION TO THIS, LIFT CONTINUED TO PROVIDE FUNDING TOWARD TEACHER APPRECIATION AT THE JACQUELINE BRADLEY & CLARENCE OTIS BOYS & GIRLS CLUB, JONES HIGH SCHOOL, MEMORIAL MIDDLE SCHOOL, ROCK LAKE ELEMENTARY, LEGENDS ACADEMY, ORANGE CENTER ELEMENTARY SCHOOL, AND THE WEST LAKES EARLY LEARNING CENTER.

LINE 4B, PROGRAM SERVICE

HEALTH & WELLNESS: LIFT ORLANDO WORKS TO PROVIDE A MIX OF HIGH-QUALITY FACILITIES, PROGRAMS, AND SERVICES THAT ENHANCE HEALTH, QUALITY OF LIFE, AND INCREASE OVERALL LIFE EXPECTANCY.

Name of the organization

Employer identification number

LIFT ORLANDO INC.

46-3607865

FORM 990, PART III - PROGRAM SERVICE
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LIFT IS THE SPONSOR OF THE HEART OF WEST LAKES WELLNESS CENTER, DEVELOPED AND OPERATED BY WEST LAKES HWC, INC. THE HEART IS A RESIDENT-FOCUSED CENTER, DESIGNED TO STRENGTHEN THE COMMUNITY BY PROVIDING CONVENIENT ACCESS TO HOLISTIC HEALTH, FINANCIAL, AND LIFESTYLE SERVICES UNDER ONE ROOF. THE TWO-STORY FACILITY IS A SPACE FOR RESIDENTS TO CONNECT, LEARN, AND THRIVE, AND FEATURES FIRST-CLASS AMENITIES PAIRED WITH DECOR THAT PAYS HOMAGE TO THE COMMUNITY'S RICH HISTORY. IN OUR WORK TO PROMOTE AND PROVIDE HEALTHY-LIVING PROGRAMS TO THE COMMUNITY, WE HELD COMMUNITY WORK-OUT SESSIONS WITH A LOCAL FITNESS TRAINER ON THE HEART OF WEST LAKES WELLNESS CENTER'S LAWN.

ADDITIONALLY, LIFT ORLANDO ENGAGED IN RELATIONSHIP BUILDING WITH KEY HEALTH AND WELLNESS PARTNERS, FLORIDA BLUE AND COMMUNITY HEALTH CENTERS, IN AN EFFORT TO BRIDGE THE GAP BETWEEN THESE VITAL HEALTHCARE SERVICE PROVIDERS AND WEST LAKES RESIDENTS. LIFT ORLANDO AND FLORIDA BLUE CO-HOSTED TWO HEALTH EQUITY LABORATORY EXPERIENCES, CONDUCTING FOCUS GROUPS WITH 47 RESIDENTS TO EXPLORE THEIR HEALTHCARE AND INSURANCE EXPERIENCES. PARTICIPANTS HIGHLIGHTED THAT RACIAL FACTORS AND LACK OF TRUST IN PROVIDERS LED TO DELAYS IN SEEKING CARE, WITH A STRONG EMPHASIS ON THE NEED FOR PERSONALIZED CARE AND HIGHER-QUALITY SERVICES. THE SESSIONS ALSO PROVIDED INFORMATION ON THE HEART OF WEST LAKES WELLNESS CENTER, ALLOWING RESIDENTS TO VOICE THEIR PREFERENCES AND EXPECTATIONS FOR FUTURE HEALTHCARE SERVICES. FURTHERMORE, LIFT SUPPORTED COMMUNITY ENGAGEMENT EFFORTS SUCH AS THE WEST LAKES COMMUNITY CLEAN-UP, WHICH FACILITATED A CLEAN-UP EFFORT INVOLVING FOUR COMMUNITIES AND PROVIDED FUNDING FOR A LAKE LORNA DOONE PARK MOVIE NIGHT.

LINE 4C, PROGRAM SERVICE

COMMUNITY QUARTERBACK: AS THE COMMUNITY QUARTERBACK IN WEST LAKES' COLLECTIVE IMPACT INITIATIVE, LIFT ORLANDO HELPS TO FACILITATE AND COORDINATE OPEN COLLABORATION BETWEEN RESIDENTS, NONPROFIT PARTNERS, BUSINESSES, AND COMMUNITY LEADERS, WHO ARE COLLECTIVELY WORKING TO STRENGTHEN THE COMMUNITIES OF WEST LAKES AND 32805 ZIP CODE.

LIFT ORLANDO COLLABORATED WITH AND PROVIDED FUNDING TO WEST LAKES PARTNERSHIP (WLP) TO PURSUE PROJECTS THAT INCREASE THE WEALTH AND WELL-BEING OF WEST LAKES RESIDENTS. ALONGSIDE THE RESIDENTIAL

Name of the organization

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LIFT ORLANDO INC.

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FORM 990, PART III - PROGRAM SERVICE

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PAINT & BEAUTIFICATION PROGRAM, COMMUNITY CLEAN-UP AND DREAM HOUSING REHAB PROGRAM, WLP ISSUES "THE WEST LAKES NEWSLETTER", WITH 22,272 INDIVIDUALS OPENED AND VIEWED E-NEWSLETTERS AND 6,600 PHYSICAL NEWSLETTERS DELIVERED TO RESIDENTS IN 2023.

LIFT ORLANDO LAUNCHED THE DINNER CLUB IN FALL 2023, OFFERING FREE MONDAY EVENING DINNERS AT THE HEART OF WEST LAKES WELLNESS CENTER. THIS INITIATIVE AIMED TO ADDRESS FOOD INSECURITY AND RECONNECT OUR TEAM WITH WEST LAKES RESIDENTS THROUGH A VALUABLE AND NEEDED SERVICE. OVER THE COURSE OF THE PROGRAM'S HIGHLY SUCCESSFUL 9-WEEK RUN, 2,849 MEALS WERE SERVED AND BASELINE DATA FOR APPROXIMATELY 300 (APPROXIMATELY 17%) WEST LAKES HOUSEHOLDS WAS ACQUIRED. ALSO, LIFT ORLANDO RELAUNCHED COMMUNITY MEETINGS IN Q3 AND Q4 2023. THESE TOWN HALL-STYLE MEETINGS INVITE RESIDENTS TO HEAR UPDATES ON WHAT IS OCCURRING IN THEIR COMMUNITY, ENGAGE WITH OUR TEAM AND PARTNERS, PROVIDE FEEDBACK, ENJOY DINNER PROVIDED BY LIFT ORLANDO, AND PARTICIPATE IN FOCUS GROUPS.

IN ORDER TO MONITOR AND EVALUATE HOW LIFT AND ITS PARTNERS ARE IMPACTING THE COMMUNITY, LIFT ENGAGES POLIS INSTITUTE TO TRACK AND MONITOR IMPACTS AS WELL AS EXECUTE A DOOR-TO-DOOR SURVEY TO COLLECT FEEDBACK FROM WEST LAKES RESIDENTS ON HOW THEY FEEL ABOUT THE CHANGES IN THEIR COMMUNITY AND GATHER INFORMATION ON SPECIFIC TOPICS SUCH AS HEALTH, ECONOMIC VIABILITY, EDUCATION, ETC. POLIS RECRUITED, TRAINED, AND MANAGED THE COMMUNITY SURVEYORS, WHO WERE HIRED FROM THE COMMUNITY.

IN 2023, THINK TWICE CONSULTING GUIDED LIFT ORLANDO THROUGH A KNOWLEDGE MANAGEMENT (KM) INITIATIVE AIMED AT IMPROVING EFFICIENCY, CONSISTENCY, AND LEVERAGING KNOWLEDGE AS AN ORGANIZATIONAL ASSET. THIS PROJECT ALLOWED OUR TEAM TO ALIGN GRANT TEMPLATES AND DATA REQUESTS WITH NEW KM PRINCIPLES, DOCUMENT CURRENT DATA PRACTICES, IDENTIFY GAPS, AND DEVELOP A DATA STRATEGY. WE ALSO PILOTED DATA AGREEMENT FRAMEWORKS WITH A PROGRAM PARTNER. ADDITIONALLY, TO ENHANCE DOCUMENT MANAGEMENT, WE CREATED AND LAUNCHED A NEW CLOUD STORAGE SYSTEM, THE "LIFT HUB," TRAINED STAFF ON ITS USE, AND ESTABLISHED GOVERNANCE FOR ITS CONTENT.

Name of the organization

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
ECONOMIC VIABILITY	161,250.	455,950.	NONE
HOUSING	59,000.	431,057.	37,272.
LEASEHOLD IMPROVEMENTS TO AFFILIATES	388,968.	388,968.	NONE
TOTALS	609,218.	1,275,975.	37,272.

Name of the organization

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LIFT ORLANDO INC.

46-3607865

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BASE CONSTRUCTION, INC. 1601 MINNESOTA AVENUE WINTER PARK, FL 32789	CONSTRUCTION	328,381.
POLIS INSTITUTE P.O. BOX 560531 ORLANDO, FL 32856	CONSULTING	149,198.
LEGACY CAFE AT WEST LAKES 710 S. TAMPA AVENUE SUITE 109 ORLANDO, FL 32805	CATERING	146,929.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

LIFT ORLANDO INC.

Employer identification number

46-3607865

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LIFT ORLANDO COMMUNITY DEVELOPMENT, LLC 46-3607865 710 SOUTH TAMPA AVE, STE 209 ORLANDO, FL 32805	DEVELOPMENT	FL	NONE	3,526,701.	LIFT ORLANDO
(2) LIFT ORLANDO COMMUNITY LAND, LLC 46-3607865 710 SOUTH TAMPA AVE, STE 209 ORLANDO, FL 32805	HOLD PROPERTY	FL	34,773.	4,463,629.	LIFT ORLANDO
(3) LIFT ORLANDO IMPACT INVESTMENT FUND MGR 32-0507107 710 SOUTH TAMPA AVE, STE 209 ORLANDO, FL 32805	MANAGEMENT	FL	NONE	NONE	LIFT ORLANDO
(4) GUINYARD & GRAHAM, LLC 46-3607865 710 SOUTH TAMPA AVE, STE 209 ORLANDO, FL 32805	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 710 SOUTH TAMPA AVE, STE 209 ORLANDO, FL 32805	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) 2023

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 710 S TAMPA AVE #209 ORLANDO,	PROPERTY MGMT	FL	LOGP	EXCLUDED	NONE	NONE		X	NONE	X		0.0051
(2) WEST LAKES PHASE II, LP 46-360 710 S TAMPA AVE #209 ORLANDO,	PROPERTY DEVE	FL	LOSLP	EXCLUDED	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 710 SOUTH TAMPA AVE, STE 209 ORLANDO, FL 32805	MANAGEMENT	FL	LIFT ORLANDO	C CORP	NONE	506,832.	100.0000	X	
(2) LIFT ORLANDO PHASE II SLP, LLC 46-3607865 710 SOUTH TAMPA AVE, STE 209 ORLANDO, FL 32805	DEVELOPMENT	FL	LIFT ORLANDO	C CORP	59,690.	159,925.	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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) WEST LAKES HWC, INC.	B	998,968.	ACTUAL
(2) WEST LAKES HWC, INC.	L	80,848.	ACTUAL
(3) WEST LAKES HWC, INC.	Q	426,147.	ACTUAL
(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)													
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(10)													
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(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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