

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

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 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: C Name of organization LIFT ORLANDO INC. D Employer identification number 46-3607865 E Telephone number (407) 480-5053 G Gross receipts \$ 5,813,907 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number I Tax-exempt status: J Website: WWW.LIFTORLANDO.ORG K Form of organization: L Year of formation: 2013 M State of legal domicile: FL

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance summary 8-12 Revenue summary 13-19 Expenses summary 20-22 Net Assets or Fund Balances summary

Part II Signature Block

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

Sign Here Signature of officer EDWARD MORATIN, PRESIDENT Date

Paid Preparer Use Only Print/Type preparer's name JAKE COOK Preparer's signature JAKE COOK Date 10/01/2025 Check if self-employed PTIN P01240455 Firm's name BDO USA Firm's EIN 13-5381590 Firm's address 450 S ORANGE AVE STE 550, ORLANDO, FL 32801-3308 Phone no. (407) 841-6930

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
LIFT ORLANDO IS A NONPROFIT ORGANIZATION WORKING WITH RESIDENTS, BUSINESS LEADERS, AND COMMUNITY PARTNERS TO STRENGTHEN NEIGHBORHOODS SO PEOPLE CAN THRIVE BY PROVIDING MIXED-INCOME HOUSING, CRADLE-TO-CAREER EDUCATION PATHWAYS, HEALTH AND WELLNESS SERVICES, AND ECONOMIC VIABILITY
(CONTINUED ON 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 \$ 1,946,944 including grants of \$ 1,037,056) (Revenue \$)

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 COMMUNITY SCHOOLS, COMMUNITY MEMBERS AND BEST IN CLASS NOT-FOR-PROFITS, WHILE MEASURING AND EVALUATING PROGRESS TOWARDS OUR SHARED GOALS. IN 2024, OUR EDUCATION SERVICES IMPACTED 1,028 STUDENTS/CHILDREN, 149 TEACHERS, AND 21 SCHOOLS AND EARLY LEARNING PROVIDERS, IN PARTNERSHIP WITH 12 COMMUNITY ORGANIZATIONS.

EMPOWERED SCHOLARS, LIFT ORLANDO'S COLLEGE AND CAREER READINESS PROGRAM, SUPPORTS 32805 ZIP CODE STUDENTS BY REMOVING BARRIERS TO POST-SECONDARY SUCCESS. THE PROGRAM OFFERS ONE-ON-ONE MENTORSHIP, COLLEGE PREP, CAREER GUIDANCE, AND A FLEXIBLE FINAL-DOLLAR FUNDING SCHOLARSHIP. IN
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 896,183 including grants of \$ 59,000) (Revenue \$ 37,273)

HOUSING: 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 2024, THE HOUSING TEAM CONTINUED THIS WORK BY EXPLORING NEW OPPORTUNITIES TO EXPAND MIXED-INCOME HOUSING IN THE SURROUNDING AREA.

IN MAY OF 2020, PENDANA SENIOR RESIDENCES (PHASE II) STARTED SAFELY WELCOMING WEST LAKES SENIORS AGE 62 AND OVER. IN 2024, LIFT ORLANDO CONTINUED TO WORK WITH PARTNER COLUMBIA RESIDENTIAL AND SENIORS FIRST TO OFFER WEEKLY ACTIVITIES FOR RESIDENTS AT PENDANA SENIOR RESIDENCES THAT PROVIDE
(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 825,821 including grants of \$ 146,900) (Revenue \$)

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, WASHINGTON SHORES, JOHNSON VILLAGE, LAKE MANN, AND GREATER 32805 ZIP CODE.

LIFT ORLANDO COLLABORATED WITH AND PROVIDED FUNDING TO WEST LAKES PARTNERSHIP (WLP) TO PURSUE PROJECTS THAT INCREASE THE WEALTH AND WELL-BEING OF WEST LAKES RESIDENTS. ALONGSIDE THE RESIDENTIAL PAINT & BEAUTIFICATION PROGRAM, COMMUNITY CLEAN-UP AND DREAM HOUSING REHAB PROGRAM, WLP ISSUES "THE WEST LAKES NEWSLETTER", WITH 20,942 INDIVIDUALS OPENED AND VIEWED E-NEWSLETTERS AND 5,250 PHYSICAL NEWSLETTERS DELIVERED TO RESIDENTS IN 2024.
(CONTINUED ON SCHEDULE O)

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

(Expenses \$ 1,076,870 including grants of \$ 403,797) (Revenue \$ 77,452)

4e Total program service expenses 4,745,818

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	76	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	

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	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
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>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
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?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
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?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
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?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
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?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
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?	12a			
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.	13a			
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?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
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.	15			✓
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.	16			✓
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.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 10		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		<input checked="" type="checkbox"/>

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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 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

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) SANDY HOSTETTER VP, ASSET DEVELOP/BOARD MEMBER (THRU 05/2024)	40.0 0.0	✓						258,750	0	11,072
(2) EDWARD MORATIN PRESIDENT	40.0 2.0	✓		✓				172,642	0	33,421
(3) MARK SHAMLEY VP OF COMMUNITY IMPACT	40.0 5.0				✓			195,526	0	9,441
(4) DIONNE COLEMAN DIRECTOR OF DEVELOPMENT	40.0 0.0					✓		127,041	0	28,597
(5) CHRISTINA CARRIER CHIEF FINANCIAL OFFICER (AS OF 05/2024)	40.0 3.0			✓				129,336	0	9,430
(6) KRISTIN FALCON DIRECTOR OF FINANCE	40.0 3.0					✓		112,439	0	20,422
(7) BOB MILES BOARD MEMBER, TREASURER	2.0 1.0	✓		✓				0	0	0
(8) STEVE HOGAN BOARD MEMBER, VICE PRESIDENT	3.0 0.0	✓		✓				0	0	0
(9) THOMAS SITTEMA BOARD MEMBER, VICE PRESIDENT	3.0 0.0	✓		✓				0	0	0
(10) WILLIAM DYMOND BOARD MEMBER, SECRETARY	3.0 0.0	✓		✓				0	0	0
(11) BISHOP ALLEN WIGGINS BOARD MEMBER	1.0 0.0	✓						0	0	0
(12) BRIAN ADAMS BOARD MEMBER (AS OF 05/2024)	1.0 0.0	✓						0	0	0
(13) GEOFF RICHARDS BOARD MEMBER	1.0 0.0	✓						0	0	0
(14) HAROLD MILLS BOARD MEMBER	1.0 0.0	✓						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(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			
(15) LISA SCHULTZ BOARD MEMBER (THRU 05/2024)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) MARK JONES BOARD MEMBER (THRU 05/2024)	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) SCOTT BOYD BOARD MEMBER	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								995,734	0	112,383
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								995,734	0	112,383

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 6

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LEGACY CAFE AT WEST LAKES, 710 S. TAMPA AVENUE SUITE 109, ORLANDO, FL 32805	CATERING	100,315

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

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	256,002			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,250,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,898,145			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		5,404,147			
	Program Service Revenue	2a	FACILITY USE FEES ----- Business Code	900099	53,046	53,046	
b		LEASE REVENUE -----	900099	27,273	27,273		
c		-----					
d		-----					
e		-----					
f		All other program service revenue		0	0	0	
g		Total. Add lines 2a-2f		80,319			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		261,043		261,043	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c	0	0		
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ <u>256,002</u> of contributions reported on line 1c). See Part IV, line 18	8a	33,992				
b	Less: direct expenses	8b	94,693				
c	Net income or (loss) from fundraising events		(60,701)		(60,701)		
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						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	ADMIN/MGMT FEE ----- Business Code	900099	34,000	34,000		
	b	MISCELLANEOUS INCOME -----	900099	406	406		
	c	-----					
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		34,406			
12	Total revenue. See instructions		5,719,214	114,725	0	200,342	

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	1,444,934	1,444,934		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	201,819	201,819		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	819,618	620,349	109,250	90,019
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,523,563	1,011,319	223,144	289,100
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	177,258	109,366	23,048	44,844
10 Payroll taxes	157,192	108,213	22,885	26,094
11 Fees for services (nonemployees):				
a Management				
b Legal	69,236	59,179	10,057	
c Accounting	52,610		52,610	
d Lobbying	20,000	20,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	585,145	428,966	89,394	66,785
12 Advertising and promotion	149,566	120,643	1,584	27,339
13 Office expenses	20,411	12,667	3,190	4,554
14 Information technology	86,781	57,791	8,058	20,932
15 Royalties				
16 Occupancy	146,369	115,933	17,554	12,882
17 Travel	35,571	33,759	412	1,400
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	262,545	252,865	8,160	1,520
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,227	8,339	2,027	1,861
23 Insurance	46,807	37,306	4,953	4,548
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 <u>OTHER PROGRAM COSTS</u>	64,361	64,361		
b <u>BOARD & STAFF DEVELOPMENT/ENGAGEMENT</u>	22,001	16,101	3,936	1,964
c <u>MEMBERSHIPS & SUBSCRIPTIONS</u>	20,183	17,571	2,087	525
d <u>BAD DEBT EXPENSE</u>	3,920	3,920		
e All other expenses	5,066	417	494	4,155
25 Total functional expenses. Add lines 1 through 24e	5,927,183	4,745,818	582,843	598,522
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	4,397,572	1	3,490,379
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	599,325	3	372,900
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net	10,560,824	7	10,675,915
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	74,442	9	193,890
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,217,165		
	b Less: accumulated depreciation	10b 18,849	4,210,542	10c 4,198,316
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	661,192	15	593,389
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,503,897	16	19,524,789	
Liabilities	17 Accounts payable and accrued expenses	90,115	17	538,520
	18 Grants payable		18	
	19 Deferred revenue	1,290,909	19	1,266,269
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,250,000	23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	620,253	25	675,349
	26 Total liabilities. Add lines 17 through 25	3,251,277	26	2,480,138
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,211,252	27	16,210,115
	28 Net assets with donor restrictions	1,041,368	28	834,536
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	17,252,620	32	17,044,651	
33 Total liabilities and net assets/fund balances	20,503,897	33	19,524,789	

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	5,719,214
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,927,183
3	Revenue less expenses. Subtract line 2 from line 1	3	(207,969)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,252,620
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,044,651

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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.		

**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

2024

**Open to Public
Inspection**

Name of the organization LIFT ORLANDO INC.	Employer identification number 46-3607865
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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 33¹/₃% 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 33¹/₃% 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						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,639,577	3,570,258	7,374,984	5,171,515	5,404,147	24,160,481
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	2,639,577	3,570,258	7,374,984	5,171,515	5,404,147	24,160,481
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,643,074
6 Public support. Subtract line 5 from line 4						19,517,407

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2,639,577	3,570,258	7,374,984	5,171,515	5,404,147	24,160,481
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,892	57,958	137,656	233,154	261,043	732,703
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,755	10,000	0	0	406	16,161
11 Total support. Add lines 7 through 10						24,909,345
12 Gross receipts from related activities, etc. (see instructions)					12	1,088,908
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	78.35 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	83.69 %
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

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? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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)? 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).		

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

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.		
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? 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.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
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? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISCELLANEOUS	5,755	10,000	0	0	406	16,161
	Total	5,755	10,000	0	0	406	16,161

**Schedule B
(Form 990)**

(Rev. January 2025)
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

Name of the organization LIFT ORLANDO INC.	Employer identification number 46-3607865
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization
LIFT ORLANDO INC.

Employer identification number
46-3607865

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,263,155	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 424,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 366,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 265,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 175,000	Person <input checked="" 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 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	----- ----- -----	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 125,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	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
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization LIFT ORLANDO INC.	Employer identification number 46-3607865
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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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

2024

Department of the Treasury
Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	20,000													
c	Total lobbying expenditures (add lines 1a and 1b)	20,000													
d	Other exempt purpose expenditures	5,907,183													
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,927,183													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	446,359													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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)	111,590													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount			467,442	446,359	913,801
b Lobbying ceiling amount (150% of line 2a, column (e))					1,370,702
c Total lobbying expenditures			26,802	20,000	46,802
d Grassroots nontaxable amount			116,861	111,590	228,450
e Grassroots ceiling amount (150% of line 2d, column (e))					342,675
f Grassroots lobbying expenditures					0

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-A, LINE 1A, COLUMN (B) -	THE FILING ORGANIZATION ENGAGED GRAY ROBINSON FOR EXECUTIVE AND LEGISLATIVE LOBBYING SERVICES IN THE AMOUNT OF \$20,000.

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LIFT ORLANDO INC.

Employer identification number

46-3607865

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

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? Yes No
- (ii)** Related organizations? Yes No

	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		4,156,032		4,156,032
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		61,133	18,849	42,284
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,198,316

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	588,807
(3) REFUNDABLE ADVANCES	86,542
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	675,349

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

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>LIFT ORLANDO AND WLHWC ARE 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.</p> <p>LOGP AND LOSLP ELECTED TO BE TREATED AS TAXABLE CORPORATIONS UNDER PROVISIONS OF THE IRC AND THE FLORIDA INCOME TAX CODE AND ARE SUBJECT TO FEDERAL AND STATES TAXES. THE PROVISION FOR INCOME TAXES 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 STATEMENTS OF FINANCIAL POSITION DATE. THERE ARE NO DEFERRED TAX ASSETS OR LIABILITIES AT DECEMBER 31, 2024 AND 2023.</p> <p>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 ORGANIZATION'S TAX YEARS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY REMAIN OPEN FOR THREE YEARS FROM THE DATE OF FILING.</p>

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
		<small>LEGACY IN BLOOM WOMEN'S LUNCHEON</small> (event type)	<small>LOVE IS LOCAL SUMMIT</small> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	111,725	178,269		289,994
	2 Less: Contributions	99,960	156,042		256,002
	3 Gross income (line 1 minus line 2)	11,765	22,227	0	33,992
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs		5,622		5,622
	7 Food and beverages	8,257	18,771		27,028
	8 Entertainment				0
	9 Other direct expenses	21,309	40,734		62,043
	10 Direct expense summary. Add lines 4 through 9 in column (d)				94,693
11 Net income summary. Subtract line 10 from line 3, column (d)				(60,701)	

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))
		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: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LIFT ORLANDO INC.

Employer identification number

46-3607865

Part I General Information on Grants and Assistance

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

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

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) ADVENTHEALTH FOUNDATION, INC. 800 N. MAGNOLIA AVE, 6 FL, ORLANDO, FL 32803	59-2219301	501(C)(3)	375,000				(SEE STATEMENT)
(2) WEST LAKES HWC, INC. 710 S. TAMPA AVE, STE 209, ORLANDO, FL 32805	86-3479633	501(C)(3)	300,000	4,547	ACTUAL	(SEE STATEMENT)	(SEE STATEMENT)
(3) LEGENDS ACADEMY P.O. BOX 2031, ORLANDO, FL 32802	59-3662275	501(C)(3)	250,500				(SEE STATEMENT)
(4) WEST LAKES PARTNERSHIP, INC. 1221 COLONIAL DR, ORLANDO, FL 32804	81-0876563	501(C)(3)	159,400				(SEE STATEMENT)
(5) EARLY LEARNING SHARED SVCS ALLIANCE, INC. 2605 COCHISE TRL, WINTER PARK, FL 32789	87-1309240	501(C)(3)	120,000				(SEE STATEMENT)
(6) EARLY LEARNING CONNECTIONS, INC. 1102 26TH ST, ORLANDO, FL 32805	99-3390737	501(C)(3)	18,500				(SEE STATEMENT)
(7) BOYS & GIRLS CLUB OF CENTRAL FLORIDA, INC. 101 E. COLONIAL DR, ORLANDO, FL 32801	59-0951887	501(C)(3)	13,000				(SEE STATEMENT)
(8) GOODWILL INDUSTRIES OF CNTR. FL, INC. 7531 S. ORNG BLOSSOM TRL, ORLANDO, FL 32809	59-0908166	501(C)(3)	10,000				(SEE STATEMENT)
(9) LAKE SUNSET NEIGHBORHOOD ASSOC, INC. P.O. BOX 550146, ORLANDO, FL 32855	59-3370072	501(C)(3)	9,000				(SEE STATEMENT)
(10) CLEARLAKE BUNCHE MANOR/HOLLANDO HOA 2127 MONTE CARLO TRAIL, ORLANDO, FL 32805	37-1522272		7,500				(SEE STATEMENT)
(11) CLEAR LAKE COVE NEIGHBORHOOD ASSOC. 1136 MARTIN L KING DR, ORLANDO, FL 32805	84-4923694		7,500				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10

3 Enter total number of other organizations listed in the line 1 table 23

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) LAKE LORNA DOONE NEIGHBORHOOD ASSOC. 43 HALBE AVE, ORLANDO, FL 32805	84-4432023		7,500				WEST LAKES NEIGHBORHOOD ASSOCIATION SUPPORT
(13) LAKE MANN ESTATES NEIGHBORHOOD 436 S COTTAGE HILL ROAD, ORLANDO, FL 32805	47-4065788	501(C)(3)	7,500				WEST LAKES NEIGHBORHOOD ASSOCIATION SUPPORT
(14) CHARITY LEARNING ACADEMY, INC. 725 S GOLDWYN AVE, ORLANDO, FL 32805	46-0774101		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(15) CHARLI'S PRECIOUS ANGELS HOME DAYCARE 861 W LAKE MANN DRIVE, ORLANDO, FL 32805	47-2936681		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(16) CHILDREN'S LEGACY CHRISTIAN ACADEMY, LLC 1408 W MICHIGAN ST, ORLANDO, FL 32805	86-3228377		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(17) DREAMS COME TRUE CHILDCARE JW 3195 WEST CENTRAL BLVD, ORLANDO, FL 32805	47-3229082		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(18) GENERATIONS OF LEADERS LEARNING CENTER LLC 1430 W KALEY AVE, ORLANDO, FL 32805	84-3603613		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(19) GMA'S CHILDCARE AND LEARNING CENTER, INC. 2385 WEST CHURCH ST, ORLANDO, FL 32805	82-2074183		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(20) GREATER TOMORROW CHRISTIAN ACADEMY 16 S DOLLINS AVE, ORLANDO, FL 32805	03-0604866		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(21) GREAT MINDS ACADEMY LLC 1264 S RIO GRANDE AVE, ORLANDO, FL 32805	85-0615283		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(22) KIDZVILLE ACADEMY, INC. 1800 W. WASHINGTON ST, ORLANDO, FL 32805	47-4618793		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(23) LITTLE PEOPLE LEARNING CENTER, INC. 1033 W MICHIGAN ST, ORLANDO, FL 32805	01-0778735		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(24) MT SINAI CHILD DEVELOPMENT CENTER 2610 ORANGE CENTER BLVD, ORLANDO, FL 32805	35-2477326		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(25) NU GENERATION ACADEMY 1225 25TH STREET, ORLANDO, FL 32805	47-1590104		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(26) PLAY, LAUGH & GROW LEARNING ACADEMY, INC. 2395 W CHURCH STREET, ORLANDO, FL 32805	41-1412220		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(27) RAE OF SUNSHINE 624 BETHUNE DR, ORLANDO, FL 32805	47-4780528		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(28) RAISING ANGELS CHILD DEVELOPMENT, INC. 1720 S. RIO GRANDE AVE, ORLANDO, FL 32805	20-1345727		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(29) SUPERSTAR'S ACADEMY LEARNING CENTER INC. 422 S. PARRAMORE AVE, ORLANDO, FL 32805	30-0588202		6,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) ABSOLUTE EXCELLENCE PREPARATORY ACADEMY 1815 W. WASHINGTON ST, ORLANDO, FL 32805	83-0952151		6,000				CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS
(31) ROCKLAKE HOMEOWNERS' ASSOCIATION 551 N. DOLLINS AVE., ORLANDO, FL 32805	59-3427922		6,000				WEST LAKES NEIGHBORHOOD ASSOCIATION SUPPORT
(32) SPRING LAKE MANOR HOMEOWNERS ASSOCIATION 605 KITTRIDGE DRIVE, ORLANDO, FL 32805	83-2127344		6,000				WEST LAKES NEIGHBORHOOD ASSOCIATION SUPPORT
(33) KINGDOM KIDS DEVELOPMENT CENTER 291 WILSON AVE, ORLANDO, FL 32805	82-2661274		5,150				TEACHER APPRECIATION AND CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	LIFT ORLANDO PRIORITIZES ORGANIZATIONS AND NONPROFITS THAT FOCUS ON SERVING THE RESIDENTS OF THE COMMUNITIES OF WEST LAKES AND THOSE LIVING WITHIN THE LIFT ORLANDO FOCUS AREA. PROGRAMS ARE PRIORITIZED ACCORDING TO LIFT ORLANDO'S ORGANIZATIONAL GOALS FOR HOUSING, EDUCATION, HEALTH AND WELLNESS, ECONOMIC VIABILITY AND COMMUNITY QUARTERBACK (COLLECTIVE IMPACT COORDINATION). AGENCIES COLLABORATING WITH LIFT ORLANDO IN EXCHANGE FOR FUNDING WILL BE REQUIRED TO ENTER INTO AN MOU AGREEMENT AT EITHER THE BEGINNING OF THE PARTNERSHIP OR WITHIN THE FIRST YEAR OF WORKING TOGETHER. SPECIFIC METRICS AND PROGRAM GOALS WILL BE REVIEWED AND EVALUATED BY LIFT ORLANDO IN ORDER TO ENSURE STRATEGIC ALIGNMENT WITH THE ORGANIZATIONAL PRIORITIES OF LIFT ORLANDO'S OVERALL MISSION. REPORTS AND EVALUATIONS ON PROGRAM OUTCOMES AND AGENCY OPERATIONS WILL BE REQUIRED ON A REGULAR BASIS AND OUTLINED IN THE MOUS.
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	WEST LAKES HWC, INC.: LIFT'S FINANCIAL WELLBEING CENTER LEASEHOLD IMPROVEMENTS TO WLHWC AS ACCOUNTING OWNER
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ADVENTHEALTH FOUNDATION, INC.: SUPPORT EARLY LEARNING COLLABORATIVE AND OPERATIONAL FUNDING
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	WEST LAKES HWC, INC.: SUPPORT FOR THE HEART OF WEST LAKES WELLNESS CENTER
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LEGENDS ACADEMY: TEACHER APPRECIATION AND OPERATIONAL SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	WEST LAKES PARTNERSHIP, INC.: COMMUNITY ENGAGEMENT/OUTREACH AND SUPPORT OF WEST LAKES RESIDENTIAL PAINT BEAUTIFICATION PROGRAM, WEST LAKES COMMUNITY CLEAN-UP, RECLAIMING THE DREAM HOUSING REHAB PROJECT, LIFT TOGETHER COMMUNITY GRANT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	EARLY LEARNING SHARED SVCS ALLIANCE, INC.: BACK OFFICE ADMINISTRATIVE SERVICE AND BUSINESS COACHING FOR EARLY LEARNING CENTERS
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	EARLY LEARNING CONNECTIONS, INC.: CURRICULUM ENHANCEMENTS, BUSINESS IMPROVEMENTS AND/OR FACILITY REFRESHERS.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOYS & GIRLS CLUB OF CENTRAL FLORIDA, INC.: SPONSORSHIP FOR ANNIE THE REMIX PERFORMANCE AT DR. PHILLIPS PERFORMING ARTS CENTER
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	GOODWILL INDUSTRIES OF CNTR. FL, INC.: SUPPORT IMPLEMENTATION OF THE GOODWILL PROSPERITY PLATFORM WITHIN LIFT ORLANDO'S WEST LAKES FINANCIAL WELLBEING CENTER
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LAKE SUNSET NEIGHBORHOOD ASSOC, INC.: WEST LAKES NEIGHBORHOOD ASSOCIATION SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CLEARLAKE BUNCHE MANOR/HOLLANDO HOA: WEST LAKES NEIGHBORHOOD ASSOCIATION SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	CLEAR LAKE COVE NEIGHBORHOOD ASSOC.: WEST LAKES NEIGHBORHOOD ASSOCIATION SUPPORT

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

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

Open to Public Inspection

Employer identification number

46-3607865

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 (THRU 05/2024)	(i) 225,000	(ii) 33,750	(iii) 0	9,525	1,547	269,822	0
	(ii)	0	0	0	0	0	0	0
2	EDWARD MORATIN PRESIDENT	(i) 172,642	(ii) 0	(iii) 0	7,200	26,221	206,063	0
	(ii)	0	0	0	0	0	0	0
3	MARK SHAMLEY VP OF COMMUNITY IMPACT	(i) 169,493	(ii) 26,033	(iii) 0	0	9,441	204,967	0
	(ii)	0	0	0	0	0	0	0
4	DIONNE COLEMAN DIRECTOR OF DEVELOPMENT	(i) 112,641	(ii) 14,400	(iii) 0	2,791	25,806	155,638	0
	(ii)	0	0	0	0	0	0	0
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 O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LIFT ORLANDO INC.

Employer identification number

46-3607865

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	STRENGTHEN NEIGHBORHOODS SO PEOPLE CAN THRIVE THROUGH HOUSING, EDUCATION, HEALTH AND WELLNESS, AND ECONOMIC VIABILITY.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	OPPORTUNITIES. WE INTENTIONALLY INVEST IN HOLISTIC AND RESIDENT-CENTERED TOOLS, EDUCATION, AND SUPPORT THAT IS CREATED AND MAINTAINED COLLECTIVELY ALONGSIDE RESIDENTS AND PARTNERS.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>2024, 20 STUDENTS PARTICIPATED, AND 18 RECEIVED SCHOLARSHIPS.</p> <p>LIFT'S EDUCATION TEAM EXECUTED ITS THIRD YEAR OF AN EARLY LEARNING PROGRAM, NOW CALLED THE EARLY LEARNING COLLABORATIVE, WHICH SUPPORTS EARLY EDUCATION PROVIDERS IN THE 32805 ZIP CODE 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. THESE FUNDS HAVE BEEN ALLOCATED TO MAKE INFRASTRUCTURE UPDATES, OPERATIONAL AND STAFFING SUPPORT, EARLY LEARNING INTERVENTION SCREENINGS AND ENHANCE CURRICULUM AND TEACHING RESOURCES. OUR PARTNERSHIP WITH EARLY LEARNING PROVIDERS HAS IMPACTED OVER 600 STUDENTS AND 91 TEACHERS WITHIN THE 32805 ZIP CODE.</p> <p>LAUNCHED IN FALL 2024, LIFT ORLANDO'S SENIOR AMBASSADORS PROGRAM CONNECTS TRAINED RESIDENTS FROM PENDANA SENIOR RESIDENCES WITH ORANGE CENTER STUDENTS NEEDING READING SUPPORT. GUIDED BY OUR RESOURCE TEACHER, FOUR SENIOR VOLUNTEERS WORK ONE-ON-ONE WITH 13 FIRST AND SECOND GRADERS SCORING IN THE BOTTOM 30% ON STAR READING ASSESSMENTS. THE PROGRAM RUNS THREE DAYS A WEEK FOR THREE HOURS, USING OCPS LITERACY CURRICULUM AND MEASURABLE OUTCOMES TO TRACK STUDENT PROGRESS. ADDITIONALLY, IN PARTNERSHIP WITH THE YMCA AND THE JACQUELINE BRADLEY-CLARENCE OTIS BOYS & GIRLS CLUB, LIFT ORLANDO SUPPORTED SWIMMING LESSONS FOR 96 STUDENTS IN 2024. AFTER A SKILLS ASSESSMENT OF 140 YOUTH AT THE PENDANA AT WEST LAKES POOL REVEALED THAT 68% COULD NOT PASS, WE COLLABORATED WITH PARTNERS TO FUND FOUR SWIM LESSONS PER STUDENT FOR THOSE IN NEED.</p> <p>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 2024, THE ELC ENROLLED 132 CHILDREN AND EMPLOYED 40 TEAM MEMBERS. BY DECEMBER 2024, 57 CHILDREN WERE RECEIVING SPEECH AND LANGUAGE SERVICES, 42 WERE IN OCCUPATIONAL THERAPY, 21 IN PHYSICAL THERAPY, 13 IN MUSIC THERAPY, 37 IN FEEDING THERAPY, 12 IN PLAY THERAPY, 6 IN PERSONAL CARE SERVICES, AND 7 IN APPLIED BEHAVIOR THERAPY. ADDITIONALLY, 15 ADULTS PARTICIPATED IN LIFE COUNSELING SERVICES.</p> <p>IN 2024, 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, LEGENDS ACADEMY, ROCK LAKE ELEMENTARY, ORANGE CENTER ELEMENTARY SCHOOL, AND THE WEST LAKES EARLY LEARNING CENTER-INCLUDING ONGOING ENGAGEMENT AND RESOURCE SUPPORT AT ORANGE CENTER ELEMENTARY.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LIFT ORLANDO INC.

Employer identification number

46-3607865

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES</p>	<p>(EXPENSES \$719,305 INCLUDING GRANTS OF \$318,397)(REVENUE \$77,452)</p> <p>HEALTH & WELLNESS: LIFT ORLANDO WORKS TO PROVIDE A MIX OF HIGH-QUALITY FACILITIES, PROGRAMS, AND SERVICES THAT ENHANCE HEALTH, QUALITY OF LIFE, AND INCREASE OVERALL LIFE EXPECTANCY. LIFT IS THE SPONSOR OF THE HEART OF WEST LAKES WELLNESS CENTER, DEVELOPED AND OPERATED BY WEST LAKES HWC, INC. THE HEART IS A RESIDENT-FOCUSED CENTER, DESIGNED TO STRENGTHEN THE COMMUNITY BY PROVIDING CONVENIENT ACCESS TO HOLISTIC HEALTH, FINANCIAL, AND LIFESTYLE SERVICES UNDER ONE ROOF. THE TWO-STORY FACILITY IS A SPACE FOR RESIDENTS TO CONNECT, LEARN, AND THRIVE, AND FEATURES FIRST-CLASS AMENITIES PAIRED WITH DECOR THAT PAYS HOMAGE TO THE COMMUNITY'S RICH HISTORY.</p> <p>ADDITIONALLY, THE HEART OF WEST LAKES WELLNESS CENTER SERVED AS AN ACTIVE HUB OF COMMUNITY ACTIVITY AND PARTNERSHIP PROGRAMMING, HOLDING APPROXIMATELY 80 EVENTS THAT BROUGHT RESIDENTS TOGETHER AND PROMOTED ACCESS TO HEALTH SERVICES, INCLUDING THOSE FROM COMMUNITY HEALTH CENTER'S ONSITE CLINIC. THROUGH OUR PARTNERSHIP WITH FLORIDA BLUE, WE OFFERED WEEKLY FITNESS CLASSES, MENTAL HEALTH SESSIONS, A JUNETEENTH 3K WALK, AND MONTHLY MAMMOGRAM AND BLOOD DONATION OPPORTUNITIES THROUGH ONEBLOOD. FURTHERMORE, LIFT SUPPORTED COMMUNITY ENGAGEMENT EFFORTS SUCH AS THE WEST LAKES COMMUNITY CLEAN-UP, WHICH FACILITATED TWO CLEAN-UP EFFORTS IN 2024.</p> <p>IN 2024, LIFT RESUMED THE INTERIOR BUILD-OUT OF THE 1,900 SQ. FT. FINANCIAL WELLBEING CENTER, LOCATED ON THE FIRST FLOOR OF THE HEART OF WEST LAKES WELLNESS CENTER. THE TEAM COLLABORATED WITH PROJECT ARCHITECTS TO UPDATE THE DESIGN TO MEET CURRENT PROGRAMMING NEEDS, INCLUDING THE ADDITION OF A PODCAST STUDIO. CONSTRUCTION BEGAN IN OCTOBER 2024.</p>
<p>FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES</p>	<p>(EXPENSES \$357,565 INCLUDING GRANTS OF \$85,400)(REVENUE)</p> <p>ECONOMIC VIABILITY: 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, RESUME ASSISTANCE, AS WELL AS THE RESEARCH, DATA, AND PLANNING TO SUPPORT THIS WORK.</p> <p>LIFT'S SMALL BUSINESS INSTITUTE (SBI) ACCELERATOR PROGRAM, CHANNLED SMALL BUSINESSES INTO ITS FRAMEWORK, OFFERING ONE-ON-ONE BUSINESS DEVELOPMENT, STRATEGIC PLANNING, AND SUBGRANTS WHILE FOSTERING LONG-TERM MENTORSHIP AND CONNECTIONS. AFTER RECEIVING 51 APPLICATIONS AND INTERVIEWING 44 CANDIDATES, 21 PARTICIPANTS WERE SELECTED. OVER EIGHT WEEKS, SIX SUBJECT-MATTER EXPERTS LED SESSIONS ON BUSINESS DEVELOPMENT, CONCLUDING WITH A PITCH COMPETITION. ALL PARTICIPANTS COMPLETED FEEDBACK SURVEYS, GIVING THE PROGRAM AN AVERAGE RATING OF 4.89 OUT OF 5. SURVEY RESULTS SHOWED 100% WOULD RECOMMEND THE PROGRAM, 93% REPORTED INCREASED BUSINESS KNOWLEDGE, AND PARTICIPANTS VALUED THE NETWORKING, DYNAMIC SPEAKERS, AND COLLABORATIVE LEARNING ENVIRONMENT.</p> <p>ADDITIONALLY, LIFT ORLANDO'S LONG-TERM PARTNERSHIP WITH GOODWILL INDUSTRIES OF CENTRAL FLORIDA OFFERS ONE-ON-ONE INDIVIDUAL AND FAMILY FINANCIAL COACHING AND SUPPORT TO 32805 RESIDENTS. BY DECEMBER 2024, AMONG THE PROGRAM'S 56 MEMBERS, 36% COMPLETED A BUDGET, 41% INCREASED A MINIMUM OF ONE BENCHMARK GOODWILL INDUSTRIES' IMPACT MEASUREMENT PLATFORM, 71% OF UNBANKED PARTICIPANTS BECAME BANKED OR INCREASED USE OF FINANCIAL SERVICES PRODUCT, AND 29% INCREASED SAVINGS WITH AN AVERAGE AMOUNT OF SAVINGS INCREASED BY \$4,961.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LIFT ORLANDO INC.

Employer identification number

46-3607865

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>PHYSICAL AND SOCIAL SUPPORT TO SENIORS SEEKING ACTIVITIES THAT ARE BENEFICIAL TO THEIR MIND, BODY, AND SPIRIT. PROGRAMMING INCLUDED GAMES, MOVIES, Pictionary, PUZZLES, ARTS AND CRAFTS, GUESS THE TUNE, CROCHET, GARDENING, EDUCATION SESSIONS, AND WEEKLY SENIOR FITNESS CLASSES FROM A LOCAL PHYSICAL TRAINER, WITH BINGO BECOMING A POPULAR FAVORITE.</p> <p>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. SEVEN HOMES IN THREE NEIGHBORHOODS WERE COMPLETED AND NEARLY 20 RESIDENTS WERE PROVIDED FLOWERS TO SPRUCE UP THEIR HOMES IN 2024.</p> <p>IN PARTNERSHIP WITH THE ORLANDO HOUSING AUTHORITY AND WITH SUPPORT FROM THE CITY OF ORLANDO, LIFT ORLANDO WAS AWARDED THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S (HUD) FY23 CHOICE NEIGHBORHOODS PLANNING GRANT. THE TWO-YEAR PLANNING PROCESS BEGAN IN LATE 2023 WITH PRE-PLANNING AND THE FORMATION OF REQUIRED COMMITTEES AND WORKING GROUPS. IN 2024, EFFORTS FOCUSED ON DIRECT RESIDENT ENGAGEMENT TO IDENTIFY AND DOCUMENT COMMUNITY PRIORITIES. ALONGSIDE OHA, LIFT FACILITATED A RANGE OF ACTIVITIES INCLUDING A DOOR-TO-DOOR SURVEY OF PUBLIC HOUSING RESIDENTS, A COMMUNITY DATA WALK TO REVIEW SURVEY AND MARKET STUDY FINDINGS, VISIONING MEETINGS, DESIGN CHARRETTES, AND A YOUTH ENGAGEMENT ACTIVITY WHERE STUDENTS SHARED THEIR HOUSING AND AMENITY PREFERENCES THROUGH DRAWINGS AND LEGO MODELS.</p>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>LIFT ORLANDO HELD A QUARTERLY OPEN HOUSE - A FREE, FAMILY-FRIENDLY EVENT FEATURING FOOD TRUCKS, LIVE MUSIC, GAMES, AND A RESOURCE FAIR WITH PARTNERS LIKE THE CITY OF ORLANDO, FLORIDA BLUE, WEST LAKES PARTNERSHIP, AND GOODWILL. THE EVENT OFFERS RESIDENTS A CHANCE TO CONNECT WITH LOCAL ORGANIZATIONS AND SERVICES. ATTENDANCE GREW OVER THE YEAR, WITH 184 RESIDENTS IN FEBRUARY, 231 IN MAY, 388 IN AUGUST, AND 178 IN DECEMBER. OPEN HOUSE REMAINS A RESIDENT-LED INITIATIVE CO-ORGANIZED WITH THE BUNCHE MANOR HOA PRESIDENT AND SUPPORTED BY LIFT ORLANDO. BUILDING ON THIS SPIRIT OF COMMUNITY ENGAGEMENT, LIFT ALSO HOSTED ITS FIRST TRUNK-OR-TREAT, DRAWING 419 CHILDREN AND ADULTS, WITH 12 DECORATED TRUNKS, GAMES, AND FALL-THEMED ACTIVITIES.</p> <p>LAUNCHED IN 2024, THE LIFT TOGETHER COMMUNITY GRANT PROGRAM FUNDS SMALL, RESIDENT-LED PROJECTS IN THE WEST LAKES AND 32805 COMMUNITY. COORDINATED BY LIFT ORLANDO AND GUIDED BY A RESIDENT-LED SELECTION COMMITTEE, THE PROGRAM HAS RECEIVED 39 APPLICATIONS AND APPROVED 10, AWARDING A TOTAL OF \$15,000. GRANTS RANGING FROM \$500 TO \$1,500 HAVE SUPPORTED PROJECTS LIKE A HOLIDAY LIGHTS CONTEST, BLOCK PARTY, YOUTH SPORTS UNIFORMS, STEM PROGRAMS, AND A COMMUNITY STORAGE SHED. ALSO INTRODUCED IN 2024, THE GREATS OF WEST LAKES HONORS THE NEIGHBORHOOD'S LEGACY BY SHOWCASING PORTRAITS OF INFLUENTIAL COMMUNITY MEMBERS. WITH SUPPORT FROM LIFT ORLANDO AND WEST LAKES PARTNERSHIP, HOA LEADERS NOMINATED CANDIDATES, AND FIVE HONOREES WERE SELECTED. THEY WERE CELEBRATED AT A JUNE 14 EVENT AT THE HEART OF WEST LAKES WELLNESS CENTER, WHERE THEIR PORTRAITS WERE UNVEILED AND ARE NOW DISPLAYED IN THE FIRST-FLOOR LOBBY. INTERVIEWS AND WRITE-UPS ARE AVAILABLE ONLINE.</p> <p>FURTHERMORE, TO ASSESS LOCAL IMPACT, LIFT CONDUCTED A DOOR-TO-DOOR COMMUNITY SURVEY USING THE FLOURISHING NEIGHBORHOODS INDEX, REACHING OVER 600 RESIDENTS (20% OF THE COMMUNITY), WITH 94% REPORTING SATISFACTION OR NEUTRALITY ABOUT NEIGHBORHOOD CHANGES. ADDITIONAL SURVEYS OF LAKE MANN HOMES AND LORNA DOONE APARTMENTS - CONDUCTED WITH UCF - ACHIEVED OVER 80% HOUSEHOLD PARTICIPATION ACROSS BOTH SITES. POLIS INSTITUTE SUPPORTED LIFT'S EVALUATION EFFORTS BY TRAINING LOCAL RESIDENTS TO CARRY OUT SURVEY WORK AND COLLECT FEEDBACK ON KEY ISSUES LIKE HEALTH, EDUCATION, AND ECONOMIC WELL-BEING.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>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.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>BOARD MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL STATEMENT ACKNOWLEDGING UNDERSTANDING OF THE POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LIFT ORLANDO INC.

Employer identification number

46-3607865

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>COMPENSATION DETERMINATIONS FOR THE PRESIDENT WERE 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:</p> <ul style="list-style-type: none"> - 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. <p>ALL PROPER DOCUMENTATION AND RECORDKEEPING OF THIS INFORMATION AND DECISIONS MADE HAVE BEEN DOCUMENTED.</p>
FORM 990, PART VI, LINE 18 - HOW FORMS ARE MADE AVAILABLE TO THE PUBLIC	THE FORM 990 IS AVAILABLE ON GUIDESTAR, CHARITY NAVIGATOR AND CENTRAL FLORIDA FOUNDATION WEBSITES.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ARTICLES OF INCORPORATION, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
LIFT ORLANDO INC.

Employer identification number
46-3607865

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LIFT ORLANDO COMMUNITY DEVELOPMENT, LLC 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	DEVELOPMENT	FL	0	3,525,460	LIFT ORLANDO INC.
(2) LIFT ORLANDO COMMUNITY LAND, LLC 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	HOLD PROPERTY	FL	34,773	4,471,128	LIFT ORLANDO INC.
(3) LIFT ORLANDO IMPACT INVESTMENT FUND MANAGER, LLC (32-0507107) 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	MANAGEMENT	FL	0	0	LIFT ORLANDO INC.
(4) GUINYARD & GRAHAM, LLC 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	DEVELOPMENT	DE	0	0	LIFT ORLANDO INC.
(5) CATALYST 1955, LLC 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	MANAGEMENT	FL	0	0	LIFT ORLANDO IMPACT INVESTMENT FUND, LLC
(6) HEALTH HOLDING I, LLC 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	MANAGEMENT	FL	0	0	LIFT ORLANDO IMPACT INVESTMENT FUND, LLC

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 ORGANIZATION	FL	501(C)(3)	12 TYPE I	LIFT ORLANDO INC.	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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) (SEE STATEMENT)												
(2)												
(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) (SEE STATEMENT)									
(2)									
(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.

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?

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

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	304,547	ACTUAL
(2) WEST LAKES HWC, INC.	K	140,008	ACTUAL
(3) WEST LAKES HWC, INC.	Q	59,313	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)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(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 (37-1782817) 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	PROPERTY MANAGEMENT	FL	LIFT ORLANDO GP, LLC	EXCLUDED	(42)	1,036,127		✓	0	✓		0.01
(2) WEST LAKES PHASE II, LP (61-1763525) 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	PROPERTY DEVELOPMENT	FL	LIFT ORLANDO INC.	EXCLUDED	(3)	494,596		✓	0	✓		0.02
(3) LIFT ORLANDO IMPACT INVESTMENT FUND, LLC (81-4062133) 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	PROPERTY MANAGEMENT	FL	LIFT ORLANDO IMPACT INVESTMENT FUND MANAGER, LLC	EXCLUDED	0	0		✓	0	✓		0.00

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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 (83-0898539) 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	MANAGEMENT	FL	LIFT ORLANDO INC.	C CORPORATION	0	506,446	100.00	✓	
(2) LIFT ORLANDO PHASE II SLP, LLC (83-0904217) 710 SOUTH TAMPA AVE, STE 209, ORLANDO, FL 32805	DEVELOPMENT	FL	LIFT ORLANDO INC.	C CORPORATION	51,398	85,313	100.00	✓	