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## 2014 Tax Return(s)

**Prepared for** LIFT ME UP! INC  
CLIENT CODE: 12237

**Account Number** 795360  
**Release Number** 2014.04010

**Prepared by** BURDETTE SMITH & BISH LLC  
4035 RIDGE TOP ROAD, SUITE 550  
FAIRFAX, VA  
22030-7411  
  
703-591-5200

**Processing** Date: 08/12/2015  
Time: 17:07:18

**Special  
Instructions**

**Messages**

## Return Information

### CAUTION

Form: VA eFile

- Virginia. The Virginia Department of Taxation has mandated tax due, estimated and extension payments be made electronically. Taxpayers can review the payment options at:  
<http://www.tax.virginia.gov/content/payment-options> (24042)

### INFORMATIONAL

Form: Form 4562 Entity: 1

- Depreciation. Federal Form 4562 related to Form 990 Page 10, was not printed because there are no current year MACRS acquisitions, listed property assets or amortizable assets. Note that Form 4562 is never required to be filed for Form 990. However, if desired Form 4562 may be forced to print by making an entry on Interview Form DP-8, Box 37. (30144)

Form: S-1 Sheet: 1 Box: 30

- Form 2848 has been prepared but printing of the form has been suppressed. If print is desired make an entry on Interview Form S-1, Box 30 for each applicable entity. (32243)

Form: FD eFile

- Electronic Filing. The following EFIN 544095 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

Form: EF-1 Sheet: 1 Box: 37

- Electronic Filing. The following Name Control LIFT has been computed and is being used to electronically file Form 990 for Lift Me Up! Inc. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on Interview Form EF-1, Box 37. (37026)

## Return Information

Form: FD eFile

- Electronic Filing. The option to be notified if Form 8879 has not been received within a certain time frame has been selected in this return. You will receive an email reminder in 10 day(s) at bbart@bsbllc.com if the "Signature Form-Received" column on the ELF status has not been filled out. (37611)

Form: 1 Sheet: 1 Box: 46

- Electronic filing. Clients email notification has been selected for Form 990 and will be sent to the organization's email address (gbay02@gmail.com) as entered on Interview Form 1, Box 46. (37631)

Form: EF-1 Sheet: 1 Box: 70

- Electronic filing. Clients email notification has been selected for Form 8868 and will be sent to the organization's email address (gbay02@gmail.com) as entered on Interview Form 1, Box 46. (37637)

Form: FD eFile

- Electronic Filing. Form 8868 for Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39488)
- Electronic Filing. Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. Please note that Form 990-T is also present and must be filed by conventional paper filing. (39495)

Form: Form 990-T

- Form 4626 has not been prepared. Alternative minimum taxable income before exemption amount is computed as \$ -14,709. To print Form 4626 regardless of applicability, use the force option on Interview Form T-11, Box 30. (33863)

Form: EF-PDF1 Sheet: 1 Box: 30

- Electronic Filing. One or more PDF attachments have been requested on Interview Form EF-PDF1. The requested PDF attachments are attached to this return and will be transmitted to IRS along with the electronically filed Form 990 return. Refer to the PDF File Report for a complete list of all attached PDF files. (39514)

## Return Information

### Form: Form 8868

- Form 8868 Extension Information. Form 990 is allowed a maximum of two 3-month extensions. The first extension for Form 990 is automatic and must be requested by filing Form 8868, Part I on or before May 15, 2015. If an additional 3-month extension is needed it must be requested by filing Form 8868, Part II on or before August 17, 2015. Form 990-T is being prepared as a corporation and is allowed one automatic 6-month extension. The extension for Form 990-T must be requested by filing Form 8868, Part I on or before May 15, 2015. (34478)

### Form: VA eFile

- Virginia Electronic Filing. The Virginia return has qualified for electronic filing. (34055)







## Input Overrides

NAME: LIFT ME UP! INC

ID Number: 51-0187545

Unit	Form	Entity	Box	Description	Amount/Percentage
990	990-14		101	DEPRECIATION/AMORTIZATION - PROGRAM SERVICES	29,254.
990	990-14		102	DEPRECIATION/AMORTIZATION - MANAGEMENT & GENERAL	705.
SCHD	990D-4		31	OTHER LAND - COST/OTHER BASIS	0.
SCHD	990D-4		34	OTHER BUILDINGS - COST/OTHER BASIS	665,291.
SCHD	990D-4		35	BUILDINGS - DEPRECIATION	130,682.
SCHD	990D-4		36	BUILDINGS - BOOK VALUE	534,609.
SCHD	990D-4		42	OTHER EQUIPMENT - COST/OTHER BASIS	73,922.
SCHD	990D-4		43	EQUIPMENT - DEPRECIATION	25,835.
SCHD	990D-4		44	EQUIPMENT - BOOK VALUE	48,087.
SCHD	990D-4		46	OTHER - COST/OTHER BASIS	55,200.
SCHD	990D-4		47	OTHER - DEPRECIATION	20,708.
SCHD	990D-4		48	OTHER - BOOK VALUE	34,492.
990	990-16		49	BUILDINGS AND EQUIPMENT - END OF YEAR	794,413.
990	990-16		51	ACCUMULATED DEPRECIATION - END OF YEAR	177,225.
990	990-16		53	LAND - END OF YEAR	1,138,877.
VA	GEN1	1	91	IN CARE, CONTACT NAME, OR SIGNOR NAME - VIRGINIA	
VA	VA1		35	NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM	
990	990-13		164	TOTAL REVENUE	395,220.
990	990-15		65	TOTAL EXPENSES	352,516.
990	990-15		66	REVENUE LESS EXPENSES	42,704.



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TDEARBORN - 08/05/15 10:24AM INTERVIEW FORM 990-2

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TOTAL PROG EXP PER FS	718,749.00
LESS IN-KIND	-308,330.00
LESS AMT ALLOC TO 990-T	-94,874.00
SEE WP I-B2	
	<hr/>
	315,545.00
	<hr/>

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TDEARBORN - 08/05/15 10:59AM INTERVIEW FORM 990-2

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RIDING LESSONS-FS	253,699.00
OTHER INC	1,398.00
	<hr/>
	255,097.00
	<hr/>

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TDEARBORN - 08/05/15 11:24AM INTERVIEW FORM 990-8

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SEE WP I-B6	23.00
LESS MEMBERS LEFT DURING 2014	-5.00
LESS: NON-VOTING	-1.00
	<hr/>
	17.00
	<hr/>

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TDEARBORN - 08/05/15 01:15PM INTERVIEW FORM 990-14

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SEE WP #A-5	8,552.00
	<hr/>
	8,552.00
	<hr/>

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TDEARBORN - 08/05/15 01:16PM INTERVIEW FORM 990-14

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SEE WP #A-5	1,527.00
	<hr/>
	1,527.00
	<hr/>

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TDEARBORN - 08/05/15 01:16PM INTERVIEW FORM 990-14

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SEE WP A-5	3,753.00
	<hr/>
	3,753.00
	<hr/>

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TDEARBORN - 08/05/15 01:21PM INTERVIEW FORM 990-14

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TB #55100	17,985.00
	<hr/>
	17,985.00
	<hr/>

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TDEARBORN - 08/05/15 01:22PM INTERVIEW FORM 990-14

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INSURANCE PER FS	36,257.00
LESS EE BENEFITS	-17,985.00
	<hr/>
	18,272.00
	<hr/>

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TDEARBORN - 08/05/15 01:25PM INTERVIEW FORM 990-14

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MISC FUNC EXP	2,613.00
	<hr/>
	2,613.00
	<hr/>

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TDEARBORN - 08/05/15 01:25PM INTERVIEW FORM 990-14

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MISC EXP FUNC EXP	2,511.00
OFFICE SUPPLIES FUNC EXP	1,599.00
	<hr/>
	4,110.00
	<hr/>

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TDEARBORN - 08/05/15 01:26PM INTERVIEW FORM 990-14

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MISC EXP FUNC EXP	2,247.00
	<hr/>
	2,247.00
	<hr/>

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TDEARBORN - 08/05/15 12:36PM INTERVIEW FORM 990-14

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PR COSTS PROGRAM	120,590.00
LESS PR TAXES WP #A-5	-8,552.00
LESS GEORGIA RPT ON 990-9	-20,000.00
	<hr/>
	92,038.00
	<hr/>

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TDEARBORN - 08/05/15 12:39PM INTERVIEW FORM 990-14

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PR COSTS PER FS	23,388.00
LESS GEORGIA ON 990-9	-20,000.00
LESS PR TAXES A-5	-1,527.00
LESS PROCESSING FEES A-5	-1,861.00
	<hr/>
	0.00
	<hr/>

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TDEARBORN - 06/18/14 05:39PM INTERVIEW FORM 990-16

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OPERATING	104,495.00
PETTY CASH	1,346.00
PAYPAL	1,330.00
UNDEPOSITED FUND	-147.00
	<hr/>
	107,024.00
	<hr/>

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TDEARBORN - 06/18/14 05:40PM INTERVIEW FORM 990-16

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CASH FS	252,226.00
LESS NON-INTEREST	-107,024.00
	<hr/>
	145,202.00
	<hr/>

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TDEARBORN - 06/18/14 05:41PM INTERVIEW FORM 990-16

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TOTAL FS FOOTNOTE	1915270.00
LESS: LAND	-1138877.00
	<hr/>
	776,393.00
	<hr/>

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TDEARBORN - 06/18/14 05:43PM INTERVIEW FORM 990-17

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ST	50,771.00
LT	1291696.00
	<hr/>
	1,342,467.00
	<hr/>

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TDEARBORN - 08/05/15 01:30PM INTERVIEW FORM 990-16

---

OPERATING	97,280.00
PETTY CASH	344.00
PAYPAL	1,863.00
UNDEPOSITED FUNDS	11,032.00
	<hr/>
	110,519.00
	<hr/>

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TDEARBORN - 08/05/15 01:31PM INTERVIEW FORM 990-16

---

TOTAL CASH PER FS	251,217.00
LESS NONINTEREST	-110,519.00
	<hr/>
	140,698.00
	<hr/>

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TDEARBORN - 08/05/15 01:36PM INTERVIEW FORM 990-16

---

TOTAL PER FOOTNOTE	1933290.00
LESS LAND	-1138877.00
	<hr/>
	794,413.00
	<hr/>

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TDEARBORN - 08/05/15 01:39PM INTERVIEW FORM 990-17

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ST	53,467.00
LT	1239686.00
	<hr/>
	1,293,153.00
	<hr/>

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TDEARBORN - 08/05/15 02:07PM INTERVIEW FORM 990D-4

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BARN	154,242.00
HOUSES	511,049.00
	<hr/>
	665,291.00
	<hr/>

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TDEARBORN - 08/05/15 02:08PM INTERVIEW FORM 990D-4

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BARN	34,383.00
HOUSES	96,299.00
	<hr/>
	130,682.00
	<hr/>

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TDEARBORN - 08/05/15 02:17PM INTERVIEW FORM 990G-2

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SEE WP #41600	158,252.00
	<hr/>
	158,252.00
	<hr/>

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TDEARBORN - 08/05/15 02:17PM INTERVIEW FORM 990G-2

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GROSS INCOME	158,252.00
LESS COSTS OF TICKETS INCLUDED IN RECEIPTS	-6,500.00
	<hr/>
	151,752.00
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TDEARBORN - 08/05/15 05:08PM INTERVIEW FORM 990G-2

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GROSS RECEIPTS	6,546.00
MISC ADJ	-683.00

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5,863.00

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TDEARBORN - 08/05/15 05:18PM INTERVIEW FORM 990G-2

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SEE WP #41600	6,546.00	
MISC ADJ-CLIENT NETTED EXP & INC	-683.00	
	<hr/>	
	5,863.00	
	<hr/>	

TDEARBORN - 09/03/13 04:41PM INTERVIEW FORM 5

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2010 LOSS CO		
2011 LOSS CO		
2012 LOSS CO		45,898.00
		<hr/>
		45,898.00
		<hr/>

TDEARBORN - 08/05/15 01:18PM INTERVIEW FORM 990-14

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SEE WP A-5	1,861.00	
	<hr/>	
	1,861.00	
	<hr/>	

TDEARBORN - 08/05/15 01:29PM INTERVIEW FORM 990-14

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SEE WP #I-B2	-94,874.00	
	<hr/>	
	-94,874.00	
	<hr/>	

TDEARBORN - 10/13/10 03:47PM INTERVIEW FORM 990-14

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PROGRAM	22,963.00	19,576.00
	<hr/>	<hr/>
	22,963.00	19,576.00
	<hr/>	<hr/>

TDEARBORN - 10/13/10 03:53PM INTERVIEW FORM 990-14

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UTILITIES	5,400.00	5,400.00
TELEPHONE	1,858.00	1,854.00
	<hr/>	<hr/>
	7,258.00	7,254.00
	<hr/>	<hr/>

TDEARBORN - 08/05/15 11:41AM INTERVIEW FORM 990-9

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PER W2	40,000.00	
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List

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40,000.00

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TDEARBORN - 09/24/12 05:39PM INTERVIEW FORM 990-9

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TOTAL	40,000.00	30,412.00
ALLOC 50% TO G&A	-20,000.00	-15,206.00
	<hr/>	<hr/>
	20,000.00	15,206.00
	<hr/>	<hr/>

TDEARBORN - 10/03/12 02:08PM INTERVIEW FORM 990-9

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W2	40,000.00	30,412.00
SAL AS INSTRUCTOR-50%	-20,000.00	-15,206.00
	<hr/>	<hr/>
	20,000.00	15,206.00
	<hr/>	<hr/>

JEFF - 10/30/12 02:34PM INTERVIEW FORM T-4

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HOUSES	56,639.00	59,747.00
BOARDING	19,200.00	19,000.00
	<hr/>	<hr/>
	75,839.00	78,747.00
	<hr/>	<hr/>

SUE - 10/07/13 04:42PM INTERVIEW FORM T-4

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BEG + ENDING DEBT/2 - SEE WP	1299584.00	1343485.00
	<hr/>	<hr/>
	1,299,584.00	1,343,485.00
	<hr/>	<hr/>

SUE - 11/07/12 03:52PM INTERVIEW FORM T-4

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2013	26,477.00	27,398.00
2010 NOT PICKED UP IN PY		
	<hr/>	<hr/>
	26,477.00	27,398.00
	<hr/>	<hr/>

SUE - 11/07/12 03:53PM INTERVIEW FORM T-4

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2013	7,437.00	6,524.00
2010 NOT PICKED UP IN PY		
	<hr/>	<hr/>
	7,437.00	6,524.00
	<hr/>	<hr/>

TDEARBORN - 09/03/13 05:24PM INTERVIEW FORM T-4

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(END BAL + BEG BAL)/2	1681804.00	1698437.00
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List

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1,681,804.00	1,698,437.00
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TDEARBORN - 09/03/13 01:34PM INTERVIEW FORM 990-19

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INPUT SHEET 990-14	-94,874.00	-99,909.00
	<u>-94,874.00</u>	<u>-99,909.00</u>

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TDEARBORN - 08/05/15 11:47AM INTERVIEW FORM 990-11

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UNREST. CONTRIB, FS	410,290.00
LESS: NON-CASH	-13,730.00
LESS: IN-KIND	-308,330.00
LESS: UNITED WAY	-6,085.00
REST. CONTRIB FS	29,128.00
LESS AMERICA CHARIT #41050	-17,561.00
	<u>93,712.00</u>

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TDEARBORN - 08/05/15 11:49AM INTERVIEW FORM 990-11

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UNITED WAY TB #41065	6,085.00
AMERICA'S CHAR #41050	17,561.00
	<u>23,646.00</u>

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TDEARBORN - 08/05/15 12:24PM INTERVIEW FORM 990-11

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REVENUES PER FS FOOTNOTE	164,114.00
LESS 50% TICKET SALES #41705	-6,500.00
\$13,000 WHICH REPRESENT COSTS SEE WP #41600 (\$13,000 X 50%)	
	<u>157,614.00</u>

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SUE - 06/26/14 02:36PM INTERVIEW FORM A-2

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TOTAL CONTRIBUTIONS PAGE 9 990	194,978.00
	<u>194,978.00</u>

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SUE - 06/26/14 02:37PM INTERVIEW FORM A-2

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TOTAL PROGRAM REV PAGE 9 990	245,863.00
TOTAL SPECIAL EVENT REV PAGE 9	4,350.00

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List

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250,213.00

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SUE - 10/07/13 03:26PM INTERVIEW FORM A-2

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PROGRAM REVENUE  
SPECIAL EVENT TICKET COSTS

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SUE - 10/23/12 03:14PM INTERVIEW FORM A-2

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CONTRIBUTIONS  
FUNDRAISING

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TDEARBORN - 06/18/14 05:51PM INTERVIEW FORM A-2

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HORSE BOARDING	19,000.00
RENTAL	59,747.00
INT INC	1,245.00
	<hr/>
	79,992.00
	<hr/> <hr/>

TDEARBORN - 08/05/15 01:53PM INTERVIEW FORM A-2

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TOTAL CONTRIB PER P9 990	288,702.00
	<hr/>
	288,702.00
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TDEARBORN - 08/05/15 01:54PM INTERVIEW FORM A-2

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BOARDING INCOME FS	19,200.00
RENTAL INCOME FS	56,639.00
INT INCOME	1,131.00
	<hr/>
	76,970.00
	<hr/> <hr/>

TDEARBORN - 08/05/15 02:00PM INTERVIEW FORM A-2

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TOTAL PROG REV P 9 990	255,097.00
GROSS INC FUNDRAISING EVENT	
NOT INCL CONTRIB P9 990	6,500.00
	<hr/>
	261,597.00
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List



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TDEARBORN - 09/03/13 02:00PM INTERVIEW FORM A-2

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HORSE BOARDING  
RENTAL  
INV INC

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\_\_\_\_\_  
\_\_\_\_\_

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TDEARBORN - 09/20/11 03:54PM INTERVIEW FORM A-2

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HORSE BOARDING & RENTAL  
INV INCOME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TDEARBORN - 09/24/12 06:25PM INTERVIEW FORM A-2

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HORSE BOARDING  
RENTAL INCOME  
INV INCOME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2014 Return Summary

LIFT ME UP! INC

51-0187545

FORM 990:

TOTAL REVENUE	492,558.
TOTAL EXPENSES	434,271.
EXCESS <DEFICIT>	58,287.
BEGINNING NET ASSETS	637,057.
CHANGES IN NET ASSETS	373.
ENDING NET ASSETS (1)	695,717.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	2,040,627.
ENDING TOTAL LIABILITIES	1,344,910.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	695,717.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.

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FORM 990-T:

TAXABLE INCOME	-14,709.
TAX	0.
CREDITS	0.
OTHER CREDITS AND PAYMENTS	0.
TOTAL DUE <REFUND>	0.

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## 2014 Return Summary

LIFT ME UP! INC

51-0187545

VIRGINIA FORM 500:

TAXABLE INCOME

-14,709.

TAX

0.

TOTAL DUE <REFUND>

0.

BURDETTE SMITH & BISH LLC  
4035 RIDGE TOP ROAD, SUITE 550  
FAIRFAX, VA 22030-7411  
703-591-5200

CLIENT: 12237  
AUGUST 12, 2015

LIFT ME UP! INC  
PO BOX 104  
GREAT FALLS, VA 22066

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2014  
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX	\$ 100.00
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT	5.00
SCHEDULE B, SCHEDULE OF CONTRIBUTORS	5.00
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT	5.00
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT	5.00
SCHEDULE O, SUPPLEMENTAL INFORMATION	5.00
FORM 8868, APPLICATION FOR ADDITIONAL FILING EXTENSION	5.00
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION	5.00
FORM 8879-EO, IRS E-FILE SIGNATURE AUTHORIZATION	5.00
FORM 990-T, UNRELATED BUSINESS INCOME RETURN	100.00
VA SCH 500FED, SCHEDULE OF FEDERAL LINE ITEMS	5.00
VA 8879C, CORP INC TAX E-FILE SIGNATURE AUTHORIZATION	5.00
SHIPPING AND POSTAGE	15.00
TOTAL FEE	<hr/> \$ 265.00

BURDETTE SMITH & BISH LLC  
4035 RIDGE TOP ROAD, SUITE 550  
FAIRFAX, VA 22030-7411  
703-591-5200

AUGUST 12, 2015

LIFT ME UP! INC  
PO BOX 104  
GREAT FALLS, VA 22066

DEAR GEORGIA,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2014 EXEMPT  
ORGANIZATION RETURNS, AS FOLLOWS...

2014 FORM 990

2014 FORM 990-T

2014 VIRGINIA FORM 500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE  
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED  
FOR YOUR FILES.

VERY TRULY YOURS,

JEFFREY A. SMITH, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2014

<b>Prepared for</b>	LIFT ME UP! INC PO BOX 104 GREAT FALLS, VA 22066
<b>Prepared by</b>	BURDETTE SMITH & BISH LLC 4035 RIDGE TOP ROAD, SUITE 550 FAIRFAX, VA 22030-7411
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2015.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

# 2014

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**LIFT ME UP! INC**

**51-0187545**

Name and title of officer

**GEORGIA BAY  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>492,558.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **BURDETTE SMITH & BISH LLC** to enter my PIN **12237**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*** Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54409512238**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

# 2014

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**LIFT ME UP! INC**

**51-0187545**

Name and title of officer

**GEORGIA BAY  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input checked="" type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____ <b>0.</b>

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **BURDETTE SMITH & BISH LLC** to enter my PIN **12237**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54409512238**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**



**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>LIFT ME UP! INC</b>		<b>D</b> Employer identification number <b>51-0187545</b>
	Doing business as		<b>E</b> Telephone number <b>703-759-6221</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	PO BOX 104		<b>G</b> Gross receipts \$ <b>629,481.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>GREAT FALLS, VA 22066</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>MARK A. WATTS</b> <b>P.O. BOX 104, GREAT FALLS, VA 22066</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>WWW.LIFTMEUP.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1990</b>	<b>M</b> State of legal domicile: <b>VA</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE SAFE AND EFFECTIVE INSTRUCTION TO CHILDREN AND ADULTS WITH A VARIETY OF DISABILITIES BY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>21</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>600</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-19,036.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-14,709.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>194,978.</b>	<b>288,702.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>245,863.</b>	<b>255,097.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,245.</b>	<b>686.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-46,866.</b>	<b>-51,927.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>395,220.</b>	<b>492,558.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>143,561.</b>	<b>213,022.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>56,172.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>208,955.</b>	<b>221,249.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>352,516.</b>	<b>434,271.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>42,704.</b>	<b>58,287.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,026,704.</b>	<b>End of Year</b> <b>2,040,627.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,389,647.</b>	<b>1,344,910.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>637,057.</b>	<b>695,717.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>GEORGIA BAY, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY A. SMITH, CPA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00139935</b>
	Firm's name <b>BURDETTE SMITH &amp; BISH LLC</b>	Firm's EIN <b>45-4037800</b>	Firm's address <b>4035 RIDGE TOP ROAD, SUITE 550 FAIRFAX, VA 22030-7411</b>	Phone no. <b>703-591-5200</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE SAFE AND EFFECTIVE INSTRUCTION TO CHILDREN AND ADULTS WITH A VARIETY OF DISABILITIES BY TEACHING RIDING SKILLS ADAPTED TO THE INDIVIDUAL'S COGNITIVE AND PHYSICAL NEEDS.

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

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

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 \$ 315,545. including grants of \$ ) (Revenue \$ 255,097.) PROVIDE 44 WEEKS OF GROUP AND PRIVATE LESSONS TO APPROXIMATELY 452 STUDENTS RANGING IN AGE FROM 3 TO OVER 60. LESSONS HELPED STUDENTS TO SIT OR STAND UNASSISTED, WALK INDEPENDENTLY, IMPROVE THEIR FOCUS AND ATTENTION SPAN, AND ENHANCE THEIR SOCIAL AND COMMUNICATION SKILLS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 315,545.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (6, 0, 21, etc.). Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 8282, 4966, 720, and 1041.

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 in Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 17		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **ADMINISTRATOR - 703-759-6221**  
**P.O. BOX 104, GREAT FALLS, VA 22066**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) TRACY KENNY PRESIDENT	8.00	X		X				0.	0.	0.
(2) JOHN D. YAREMCHUK VICE PRESIDENT	4.00	X		X				0.	0.	0.
(3) MARK A. WATTS TREASURER	4.00	X		X				0.	0.	0.
(4) MAGGIE JOHNSTON SECRETARY	9.00	X		X				0.	0.	0.
(5) BOB BEST MEMBER	5.00	X						0.	0.	0.
(6) STAN COREY MEMBER	1.00	X						0.	0.	0.
(7) STEPHEN FOWLER MEMBER	2.00	X						0.	0.	0.
(8) J.T. ICE MEMBER	1.00	X						0.	0.	0.
(9) TOR JOHNSON MEMBER	1.00	X						0.	0.	0.
(10) PAULA MICHAELS MEMBER	5.00	X						0.	0.	0.
(11) DEBBIE SABA MEMBER	1.00	X						0.	0.	0.
(12) DENNY SISSON MEMBER	1.00	X						0.	0.	0.
(13) BRIGID THOMAS MEMBER	1.00	X						0.	0.	0.
(14) DONNA ZIMMERMAN MEMBER	5.00	X						0.	0.	0.
(15) KAREN BRISCOE MEMBER, ADVISORY BOARD	1.00	X						0.	0.	0.
(16) BILL CARBAUGH MEMBER, ADVISORY BOARD	1.00	X						0.	0.	0.
(17) FARHAD SABA MEMBER, ADVISORY BOARD	1.00	X						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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) GEORGIA BAY EXECUTIVE DIRECTOR	30.00			X				40,000.	0.	0.
<b>1b Sub-total</b> .....								40,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								40,000.	0.	0.

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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> .....		X
<b>5</b> 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> .....		X

**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
NONE		

**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 **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 23,646.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 157,614.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 107,442.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	13,730.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	288,702.				
<b>Program Service Revenue</b>	<b>2 a</b> RIDING LESSONS	<b>Business Code</b> 900099	253,699.	253,699.			
	<b>b</b> OTHER INCOME	900099	1,398.	1,398.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....	▶	255,097.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	1,131.			1,131.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	75,839.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	94,875.				
		<b>c</b> Rental income or (loss) .....	-19,036.				
	<b>d</b> Net rental income or (loss) .....	▶	-19,036.		-19,036.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other	2,211.				
		<b>b</b> Less: cost or other basis and sales expenses .....	2,656.				
		<b>c</b> Gain or (loss) .....	-445.				
	<b>d</b> Net gain or (loss) .....	▶	-445.			-445.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 157,614. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	6,501.				
<b>b</b> Less: direct expenses .....		39,392.					
<b>c</b> Net income or (loss) from fundraising events .....		▶	-32,891.			-32,891.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....	▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....	▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11</b>	<b>a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶					
<b>12 Total revenue.</b> See instructions. ....	▶	492,558.	255,097.	-19,036.	-32,205.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	40,000.	20,000.	20,000.	
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	141,205.	92,038.		49,167.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	17,985.	17,985.		
10 Payroll taxes	13,832.	8,552.	1,527.	3,753.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,407.		18,407.	
d Lobbying				
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses	8,970.	2,613.	4,110.	2,247.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	71,802.	71,802.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,959.	29,254.	705.	
23 Insurance	19,449.	18,272.	340.	837.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>HORSE EXPENSES</b>	101,428.	101,428.		
b <b>REPAIR &amp; MAINTENANCE</b>	22,963.	22,963.		
c <b>TAXES &amp; LICENSES</b>	20,194.	20,194.		
d <b>UTILITIES &amp; TELEPHONE</b>	7,258.		7,258.	
e All other expenses	-79,181.	-89,556.	10,207.	168.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	434,271.	315,545.	62,554.	56,172.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	107,024.	<b>1</b>	110,519.
	<b>2</b> Savings and temporary cash investments .....	145,202.	<b>2</b>	140,698.
	<b>3</b> Pledges and grants receivable, net .....	4,287.	<b>3</b>	1,930.
	<b>4</b> Accounts receivable, net .....	4,021.	<b>4</b>	4,768.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,629.	<b>9</b>	7,828.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,933,290.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 177,225.		
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	12,216.	<b>13</b>	18,819.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,026,704.	<b>16</b>	2,040,627.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	40,965.	<b>17</b>	44,064.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	6,215.	<b>19</b>	7,693.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,342,467.	<b>23</b>	1,293,153.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,389,647.	<b>26</b>	1,344,910.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	621,984.	<b>27</b>	679,114.
	<b>28</b> Temporarily restricted net assets .....	15,073.	<b>28</b>	16,603.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	637,057.	<b>33</b>	695,717.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,026,704.	<b>34</b>	2,040,627.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	492,558.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	434,271.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	58,287.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	637,057.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	373.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	695,717.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 in Schedule O.		
<b>2a</b>	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		X
<b>b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</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 in Schedule O and describe any steps taken to undergo such audits _____		

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

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center">LIFT ME UP! INC</p>	<b>Employer identification number</b> <p style="text-align:center">51-0187545</p>
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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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above or IRC section (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		
<b>Total</b>						

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	178,906.	172,960.	206,714.	194,978.	288,702.	1042260.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	178,906.	172,960.	206,714.	194,978.	288,702.	1042260.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1042260.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	178,906.	172,960.	206,714.	194,978.	288,702.	1042260.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	51,498.	72,320.	85,575.	79,992.	76,970.	366,355.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						1408615.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,283,514.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	73.99 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	72.53 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> 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
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> 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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

LIFT ME UP! INC

Employer identification number

51-0187545

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization <b>LIFT ME UP! INC</b>	Employer identification number <b>51-0187545</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLAUDE MOORE CHARITABLE FOUNDATION 11350 RANDOM HILLS ROAD #520 FAIRFAX, VA 22030	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MORGAN STANLEY 1585 BROADWAY, 23RD FLOOR NEW YORK, NY 10036	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DR. VIRGINIA CONDELLO 6461 SANDALWOOD LANE NAPLES, FL 34109	\$ 7,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	AMERICA'S CHARITIES 14150 NEWBROOK DR. SUITE 110 CHANTILLY, VA 20151	\$ 17,561.	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  <b>LIFT ME UP! INC</b>	Employer identification number  <b>51-0187545</b>
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**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
3	HORSE _____ _____ _____	\$ 7,500.	12/20/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>LIFT ME UP! INC</b>	Employer identification number <b>51-0187545</b>
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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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization LIFT ME UP! INC Employer identification number 51-0187545

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 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, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) 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.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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.
1b If the organization elected, as permitted under SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items:
a Revenue included in 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 are a significant use of its collection items (check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 Temporarily restricted endowment  \_\_\_\_\_ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to 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		1,138,877.		1,138,877.
b Buildings		665,291.	130,682.	534,609.
c Leasehold improvements				
d Equipment		73,922.	25,835.	48,087.
e Other		55,200.	20,708.	34,492.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,756,065.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	894,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	373.	
b	Donated services and use of facilities	2b	308,330.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		308,703.
3	Subtract line 2e from line 1		3	585,902.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-93,344.	
c	Add lines 4a and 4b	4c		-93,344.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	492,558.

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

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

1	Total expenses and losses per audited financial statements		1	837,475.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	308,330.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	94,874.	
e	Add lines 2a through 2d	2e		403,204.
3	Subtract line 2e from line 1		3	434,271.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	434,271.

**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.

**PART X, LINE 2:**

MANAGEMENT EVALUATED THE PROGRAM'S TAX POSITIONS AND CONCLUDED THAT THE PROGRAM HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE PROGRAM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS PRIOR TO 2011

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS 1,530.  
 LESS: RENTAL EXPENSES REPORTED WITH REVENUE ON 990,  
 EXPENSE ON FS -94,874.

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

TOTAL TO SCHEDULE D, PART XI, LINE 4B -93,344.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LESS: RENTAL EXPENSES REPORTED WITH REVENUE ON 990, EXPENSE  
ON FS 94,874.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization **LIFT ME UP! INC** Employer identification number **51-0187545**

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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 (add col. (a) through col. (c))
		ANNUAL GALA (event type)	SECRETARIAT BOOK SIGNING (event type)	NONE (total number)	
Revenue	1	Gross receipts	158,252.	5,863.	164,115.
	2	Less: Contributions	151,752.	5,863.	157,615.
	3	Gross income (line 1 minus line 2)	6,500.		6,500.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	39,392.	4,959.	44,351.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			44,351.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-37,851.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

LIFT ME UP! INC

Employer identification number

51-0187545

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TEACHING RIDING SKILLS ADAPTED TO THE INDIVIDUAL'S COGNITIVE AND  
PHYSICAL NEEDS.

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

A COPY OF FORM 990 IS SENT TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO  
FILING.

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

THE BOARD REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH  
THE CONFLICT OF INTEREST POLICY.

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

ANNUAL REVIEWS ARE CONDUCTED BY THE BOARD OF DIRECTORS TO DETERMINE WHETHER  
COMPENSATION ARRANGEMENTS ARE REASONABLE.

FORM 990, PART VI, SECTION C, LINE 19:

THE PROGRAM'S BYLAWS AND OTHER GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C.

THE BOARD OF GOVERNORS HAS RESPONSIBILITY FOR OVERSIGHT OF THE ANNUAL  
AUDIT OF THE PROGRAM'S FINANCIAL STATEMENTS AND THE SELECTION OF AN  
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
1	HOUSE-9704 GEORGETOWN PK	02/14/06	SL	39.00	MM	16	374,587.				374,587.	74,900.		9,605.	84,505.
2	BARN 9704	02/14/06	SL	40.00		16	154,242.				154,242.	30,366.		3,856.	34,222.
3	(D)TRACTOR	04/01/06	SL	10.00		16	12,260.				12,260.	9,195.		102.	
4	PORTABLE RAMP	07/06/06	SL	7.00		16	3,200.				3,200.	3,200.		0.	3,200.
5	RUBBER STALL MATS	08/28/06	SL	5.00		16	1,008.				1,008.	1,008.		0.	1,008.
6	(D)SHED 2	01/26/97	200DB	10.00	HY	17	1,260.				1,260.	1,260.		0.	
7	LIFT	07/01/99	200DB	7.00	HY	17	6,825.				6,825.	6,825.		0.	6,825.
8	HORSE-FINN	06/01/02	200DB	5.00	HY	17	8,000.				8,000.	8,000.		0.	8,000.
9	(D)EQUIPMENT	12/31/04	SL	5.00		16	699.				699.	699.		0.	
10	SOUND SYSTEM	09/02/05	SL	5.00		16	1,558.				1,558.	1,558.		0.	1,558.
11	LAND 9704	02/14/06	L	.000			572,768.				572,768.			0.	
12	(D)BENCH	07/01/97	200DB	7.00	HY	17	147.				147.	147.		0.	
13	(D)CREDIT CARD MACHINE	12/01/05	SL	5.00		16	468.				468.	462.		0.	
14	RAMP REPAIRS	01/01/07	SL	7.00		16	1,360.				1,360.	1,360.		0.	1,360.
15	(D)GUTTERS ON BARN	05/18/07	SL	5.00		16	3,500.				3,500.	3,500.		0.	
16	EQUICIZER	09/07/07	SL	7.00		16	2,180.				2,180.	1,970.		210.	2,180.
17	SPIN GROOMER 5' MILCREEK	10/01/09	SL	5.00		16	1,500.				1,500.	1,275.		225.	1,500.

2014 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	LAND	03/31/11	L	.000			566,110.				566,110.			0.	
19	HOUSE 9700 GEOGETOWN PIKE	03/31/11	SL	39.00	MM	16	136,462.				136,462.	9,622.		3,499.	13,121.
20	HORSE - SHIMS	12/01/11	SL	7.00		16	3,000.				3,000.	894.		429.	1,323.
21	HORSE TRAILER	12/01/11	SL	5.00		16	4,500.				4,500.	1,875.		900.	2,775.
22	HORSE - DELFINA	12/15/12	SL	3.00		16	6,000.				6,000.	2,167.		2,000.	4,167.
23	COMPUTER, HP (DONATED)	07/13/13	SL	3.00		16	1,266.				1,266.	211.		422.	633.
24	NEW HOLLAND TRACTOR	10/01/13	SL	10.00		16	18,971.				18,971.	474.		1,897.	2,371.
25	RAKES ATTACHMENT, WOODS REAR	10/01/13	SL	5.00		16	600.				600.	30.		120.	150.
26	MOWER ATTACHMENT, WOODS REAR	10/01/13	SL	5.00		16	1,250.				1,250.	63.		250.	313.
27	COMPUTER, TOSHIBA LAPTOP W/ PRINTER	11/30/13	SL	3.00		16	850.				850.	24.		283.	307.
28	HORSE-JAX	04/30/13	200DB	5.00	HY	17								0.	
29	HORSE-JAX-10 YEARS OLD	04/30/13	SL	7.00		16	5,700.				5,700.	543.		814.	1,357.
30	HORSE-RADAR 7 YEARS OLD (DONATED)	06/13/13	SL	7.00		16	25,000.				25,000.	2,083.		3,571.	5,654.
31	GUTTERS, BARN	04/14/14	SL	5.00		16	3,850.				3,850.			578.	578.
32	FENCING, WOOD RAIL, PHASE I	06/27/14	SL	10.00		16	14,579.				14,579.			729.	729.
33	FENCING, WOOD RAIL, PH. II	08/31/14	SL	10.00		16	10,425.				10,425.			348.	348.
34	QUEEN LIZZIE	12/20/14	SL	3.00		16	7,500.				7,500.			208.	208.
	* 990 PAGE 10 TOTAL OTHER						1,951,625.				1,951,625.	163,711.		30,046.	178,392.

2014 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						1,951,625.				1,951,625.	163,711.		30,046.	178,392.

428111 05-01-14 (D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2014

<b>Prepared for</b>	LIFT ME UP! INC PO BOX 104 GREAT FALLS, VA 22066
<b>Prepared by</b>	BURDETTE SMITH & BISH LLC 4035 RIDGE TOP ROAD, SUITE 550 FAIRFAX, VA 22030-7411
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	NOVEMBER 16, 2015
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2014

For calendar year 2014 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>LIFT ME UP! INC</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 104</b> City or town, state or province, country, and ZIP or foreign postal code <b>GREAT FALLS, VA 22066</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>51-0187545</b>  <b>E</b> Unrelated business activity codes (See instructions.) <b>531120</b>
<b>C</b> Book value of all assets at end of year <b>1,756,065.</b>		<b>F</b> Group exemption number (See instructions.)	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **LEASE RENTAL**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **ADMINISTRATOR** Telephone number ▶ **703-759-6221**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>	<b>73,310.</b>	<b>-14,709.</b>
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>58,601.</b>	<b>-14,709.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>-14,709.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <span style="float: right;"><b>SEE STATEMENT 1</b></span>	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>-14,709.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>-14,709.</b>

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Sign Here: 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 taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only: Print/Type preparer's name (JEFFREY A. SMITH, CPA), Preparer's signature, Date, Check self-employed, PTIN (P00139935), Firm's name (BURDETTE SMITH & BISH LLC), Firm's address (4035 RIDGE TOP ROAD, SUITE 550 FAIRFAX, VA 22030-7411), Firm's EIN (45-4037800), Phone no. (703-591-5200).



**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**  
 (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) <b>STATEMENT 2</b>	(b) Other deductions (attach schedule) <b>STATEMENT 3</b>	
(1) <b>RENTAL</b>	75,839.	13,370.	81,505.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) <b>STATEMENT 4</b>	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) <b>STATEMENT 5</b>	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,299,584.	1,681,804.	77.27%	58,601.	73,310.
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			58,601.	73,310.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0.</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A	0.	0.				
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II</b> (lines 1-5) .....		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

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**FORM 990-T** **NET OPERATING LOSS DEDUCTION** **STATEMENT 1**


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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10	4,318.	0.	4,318.	4,318.
12/31/11	16,960.	0.	16,960.	16,960.
12/31/12	45,898.	0.	45,898.	45,898.
12/31/13	16,740.	0.	16,740.	16,740.
NOL CARRYOVER AVAILABLE THIS YEAR			83,916.	83,916.

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**FORM 990-T** **SCHEDULE E - DEPRECIATION DEDUCTION** **STATEMENT 2**


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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		12,777.	
DEPRECIATION		593.	
- SUBTOTAL -	1		13,370.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			13,370.

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**FORM 990-T** **SCHEDULE E - OTHER DEDUCTIONS** **STATEMENT 3**


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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		7,172.	
MAINTENANCE & REPAIR		8,468.	
UTILITIES		2,676.	
INTEREST		26,477.	
REAL ESTATE TAXES		7,437.	
INSURANCE		2,992.	
HAY AND FEED		5,730.	
HORSE CARE PERSONNEL		7,145.	
OTHER HORSE EXPENSE		9,875.	
MAINTENANCE & REPAIR		3,533.	
- SUBTOTAL -	1		81,505.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			81,505.

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FORM 990-T	AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY	STATEMENT	4
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG ACQUISITION DEBT		1,299,584.	
- SUBTOTAL -	1		1,299,584.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			1,299,584.

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FORM 990-T	AVERAGE ADJUSTED BASIS OF OR	STATEMENT	5
	ALLOCABLE TO DEBT-FINANCED PROPERTY		

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG ADJUSTED BASIS		1,681,804.	
- SUBTOTAL -	1		1,681,804.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			1,681,804.

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• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>LIFT ME UP! INC</b>	Employer identification number (EIN) or <b>51-0187545</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 104</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GREAT FALLS, VA 22066</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**ADMINISTRATOR**

• The books are in the care of  **P.O. BOX 104 - GREAT FALLS, VA 22066**  
Telephone No.  **703-759-6221** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015**.

5 For calendar year **2014**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**THE PROGRAM IS IN THE PROCESS OF FINALIZING AUDITED FINANCIAL STATEMENTS AND RESPECTFULLY REQUEST ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **EXECUTIVE DIRECTOR** Date

# TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

FOR THE YEAR ENDING  
DECEMBER 31, 2014

<b>Prepared for</b>	LIFT ME UP! INC PO BOX 104 GREAT FALLS, VA 22066
<b>Prepared by</b>	BURDETTE SMITH & BISH LLC 4035 RIDGE TOP ROAD, SUITE 550 FAIRFAX, VA 22030-7411
<b>Amount due or refund</b>	NO PAYMENT REQUIRED
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THE FORM 500 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN TRANSMIT THE RETURN ELECTRONICALLY TO THE VADOT AND NO FURTHER ACTION IS REQUIRED.

**2014 Virginia Corporation  
 Income Tax Return**



FISCAL or Attention: Use this form only if you have been granted a waiver from the electronic filing mandate.  
 SHORT Year Filer: Beginning Date \_\_\_\_\_; Ending Date \_\_\_\_\_  
 Short Year Return  Change in Accounting Period

Official Use Only

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer.

FEIN <b>51-0187545</b>		<b>Check all that apply:</b> <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Name <b>LIFT ME UP! INC</b>			
Mailing Address <b>PO BOX 104</b>			
City or Town <b>GREAT FALLS</b>		State <b>VA</b>	ZIP Code <b>22066</b>
Physical Address (if different from Mailing Address)		Entity Type Code <b>NP</b>	
Physical City or Town		State	ZIP Code
		NAICS <b>531120</b>	
Date Incorporated	State or Country of Incorporation	Description of Business Activity <b>LEASE RENTAL</b>	

<b>Check Applicable Boxes</b> <input type="checkbox"/> Consolidated - Sch. 500AC Attached <input type="checkbox"/> Combined - Sch. 500AC Attached <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Multistate Sch. 500A Attached <input type="checkbox"/> Schedule 500AB Attached <input checked="" type="checkbox"/> Nonprofit Corporation	<b>Final Return</b> <input type="checkbox"/> Final Return - Check here and applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved - No longer liable for tax. Dissolved Date _____ <input type="checkbox"/> Merged Merger Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Effective _____	<b>Corporate Telecommunications Company</b> Enter amount from Form 500T, Line 7: _____ .00 <b>Noncorporate Telecommunications Company</b> Check box and enter amount from Form 500T, Line 10: <input type="checkbox"/> _____ .00 <b>Electric Supplier Company</b> Enter amount from Sch. 500EL, Line 7 or 14: _____ .00
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<b>Amended Return</b> Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications.  <b>DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD.</b>	<input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Attach copy of IRS final determination. <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes	<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other - Attach explanation.
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**Questions and Related Information**

**A** Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights and similar intangible property)? If yes, complete and attach Schedule 500AB.  
 Enter Exception amount from Schedule 500AB, Line 8 \_\_\_\_\_ .00

**B** Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11. **B** \_\_\_\_\_ .00

**C** If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date. **SEE STATEMENT 1**

(1) Year of loss \_\_\_\_\_  
 (2) Federal NOL \_\_\_\_\_ .00  
 (3) Percent of federal NOL used this year \_\_\_\_\_ %

**D** If Pass-Through Entity Withholding is claimed, enter the number of Schedule VK-1s and complete and attach Schedule 500ADJ, Page 2. **D** \_\_\_\_\_

**E** Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If Yes, provide the year(s). Year **E** \_\_\_\_\_

**F** Location of Corporation's books **P.O. BOX 104, GREAT FALLS, VA 22066** Year \_\_\_\_\_

Contact for Corporation's books **GEORGIA BAY** Contact Phone Number **703-759-6221**



**2014 Virginia**

**Form 500**

FEIN 51-0187545

Page 2



**INCOME**

1	Federal taxable income (from attached federal return) .....	1	<u>-14709.00</u>
2	Total additions from Schedule 500ADJ, Section A, Line 7 .....	2	<u>.00</u>
3	Total (add Lines 1 and 2) .....	3	<u>-14709.00</u>
4	Total subtractions from Schedule 500ADJ, Section B, Line 10 .....	4	<u>.00</u>
5	Balance (subtract Line 4 from Line 3) .....	5	<u>-14709.00</u>
6	Savings and Loan Association's Bad Debt Deduction (see Instructions) .....	6	<u>.00</u>
7	<b>Virginia taxable income</b> (subtract Line 6 from Line 5) .....	7	<u>-14709.00</u>

**TAX COMPUTATION**

**8 Multistate Corporation** - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.

(a)	Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) .....	8(a)	<u>.00</u>
(b)	Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(h) .....	8(b)	<u>%</u>
(c)	Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) .....	8(c)	<u>.00</u>
(d)	Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e) .....	8(d)	<u>.00</u>
9	<b>Income tax</b> (6% of Line 7 or 6% of Line 8(a)) .....	9	<u>0.00</u>

**PAYMENTS AND CREDITS**

10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Part XXXI, Line 139 .....	10	<u>.00</u>
11	Adjusted corporate tax (subtract Line 10 from Line 9) .....	11	<u>.00</u>
12	2014 estimated Virginia income tax payments including overpayment credit from 2013 .....	12	<u>.00</u>
13	Extension payment .....	13	<u>.00</u>
14	Refundable tax credits from Schedule 500CR, Part XXXV, Line 147 .....	14	<u>.00</u>
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D .....	15	<u>.00</u>
16	<b>Total payments and credits</b> (add Lines 12 through 15) .....	16	<u>.00</u>

**REFUND OR TAX DUE**

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) .....	17	<u>.00</u>
18	Penalty (see Instructions) .....	18	<u>.00</u>
19	Interest (see Instructions) .....	19	<u>.00</u>
20	Additional charge from Form 500C, Line 17 (attach Form 500C) .....	20	<u>.00</u>
21	<b>Total due</b> (add Lines 17 through 20) .....	21	<u>.00</u>
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) .....	22	<u>.00</u>
23	Amount to be credited to 2015 estimated tax .....	23	<u>.00</u>
24	<b>Amount to be refunded</b> (subtract Line 23 from Line 22) .....	24	<u>.00</u>

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer	Title <b>EXECUTIVE DIRECTOR</b>
Printed Name of Officer <b>GEORGIA BAY</b>		Phone Number <b>703-759-6221</b>
Print Preparer's Name and Firm Name <b>JEFFREY A. SMITH, CPA BURDETTE SMITH &amp; BISH LLC</b>		Phone Number <b>703-591-5200</b>
Date	Individual of Firm, Signature of Preparer	Address of Preparer <b>4035 RIDGE TOP ROAD, SUITE FAIRFAX, VA 22030-7411</b>
Preparer's FEIN, PTIN or SSN <b>P00139935</b>		Approved Vendor Code <b>1019</b>

VA 500		NOL CARRYFORWARD ADJUSTMENT			STATEMENT 1	
YEAR END DATE	FEDERAL NOL	ADDITION	SUBTRACTION	NET VIRGINIA MODIFICATION	PERCENT OF FEDERAL NOL UTILIZED THIS YEAR	
12/31/12	45,898.	0.	0.	0.	.0000	
12/31/13	16,740.	0.	0.	0.	.0000	
NET VIRGINIA MODIFICATION				0.		



Name as shown on Virginia return LIFT ME UP! INC

FEIN 51-0187545

**Form 1120, Deductions and Taxable Income**

1. Domestic Production Activities Deduction .....	1	.00
2. Federal Taxable Income before NOL and Special Deductions .....	2	<u>-14709</u> .00
3. Net Operating Loss Deduction .....	3	.00
4. Special Deductions .....	4	<u>1000</u> .00
5. Federal Taxable Income after NOL and Special Deductions .....	5	<u>-14709</u> .00

**Form 1120, Schedule C, Dividends and Special Deductions**

6. Subpart F Income .....	6	.00
7. Foreign Dividend Gross-Up .....	7	.00

**Form 1120, Schedule K or M-3**

8. Tax Exempt Interest .....	8	.00
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**Form 5884**

9. Salaries and Wages not deducted due to the WOTC .....	9	.00
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**Form 4562, Special Depreciation Allowance and Other Depreciation**

10. Special depreciation allowance for qualified property placed in service during the taxable year .....	10	.00
11. Property subject to 168(f)(1) election .....	11	.00
12. Other depreciation .....	12	<u>30046</u> .00

**Form 1118, Schedule A, Income or Loss Before Adjustments-Gross Income or Loss**

13. Total: Deemed Dividends (Exclude Gross-up) .....	13	.00
14. Total: Deemed Dividend (Gross-up) .....	14	.00
15. Total: Other Dividends (Exclude Gross-up) .....	15	.00
16. Total: Other Dividends (Gross-up) .....	16	.00
17. Total: Interest .....	17	.00
18. Total: Gross Rents, Royalties, and License Fees .....	18	.00
19. Total: Gross Income from Performance of Services .....	19	.00
20. Total: Other .....	20	.00
21. Total: Total Gross Income or Loss from Outside the US .....	21	.00

**Form 1118, Schedule A, Income or Loss Before Adjustments-Deductions**

22. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Depreciation, Depletion, and Amortization .....	22	.00
23. Total: Definitely Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses .....	23	.00
24. Total: Definitely Allocable - Expenses Related to Gross Income from Performance of Services .....	24	.00
25. Total: Definitely Allocable - Other Definitely Allocable Deductions .....	25	.00
26. Total: Total Definitely Allocable Deductions .....	26	.00
27. Total: Apportioned Share of Deductions not Definitely Allocable .....	27	.00
28. Total: Net Operating Loss Deduction .....	28	.00
29. Total: Total Deductions .....	29	.00

**Form 1118, Schedule A, Income or Loss Before Adjustments-Total Income**

30. Total: Total Income or (Loss) Before Adjustments .....	30	.00
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**Attach Schedule 500FED to Your Virginia Corporation Return, Form 500.**  
Schedule 500FED does not replace the requirement to attach a complete federal Form 1120 to your Virginia return.

**Virginia Corporation Income Tax e-file Signature  
Authorization**

**DO NOT SEND THIS VA-8879C TO THE VA DEPT OF TAXATION OR THE IRS.  
IT MUST BE MAINTAINED IN YOUR FILES!**

<b>Corporation Name</b>		<b>Federal ID Number</b>	
LIFT ME UP! INC		51-0187545	
<b>Part I Tax Return Information</b>			
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.	-14,709.	
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.	-14,709.	
3. Income tax (Form 500, Page 2, Line 9)	3.		
4. Total payments and credits (Form 500, Page 2, Line 16)	4.		
5. Total due (Form 500, Page 2, Line 21)	5.		
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.		
<b>Part II Declaration and Signature Authorization of Officer</b>			
<p>Under penalties of perjury, I declare to be the officer of the above corporation and that I have examined a copy of the corporation's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2014 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.</p> <p>I understand that if the Virginia Department of Taxation does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to the Virginia Department of Taxation. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.</p>			
<b>Officer's PIN: check one box only</b>			
<input checked="" type="checkbox"/> I authorize the ERO named below to enter my PIN <u>12237</u> as my signature on the corporation's 2014 electronic Virginia corporation income tax return. <small>Do not enter all zeros</small>			
<b>BURDETTE SMITH &amp; BISH LLC</b>			
<b>ERO Firm Name</b>			
<input type="checkbox"/> I will enter my PIN as my signature on the corporation's 2014 electronic Virginia corporation income tax return. Check this box only if you are entering your own PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your Signature _____		Date _____	
<b>Part III Certification and Authentication</b>			
<b>ERO's EFIN/PIN:</b> Enter your six digit EFIN followed by your five digit self-selected PIN. <u>54409512238</u> <small>Do not enter all zeros</small>			
<p>I certify that the above numeric entry is my PIN, which is my signature for the 2014 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by the Department. ERO's may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.</p>			
ERO's Signature _____		Date _____	