BGO CPAs 1500 NE Irving St Ste 440 Portland, OR 97232-4208 503-233-1133

October 7, 2020

Lift Urban Portland 2701 NW Vaughn Street, Suite 102 Portland, OR 97210

Dear Stephanie:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990) Oregon CT-12

We suggest that you examine these returns carefully to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/20 shows no balance due.

Your return will be electronically filed with the IRS **upon receipt of your signed Form 8879-EO**, IRS *e-file* Signature Authorization for an Exempt Organization. Sign and return this form to our office <u>as soon as possible</u>. We cannot transmit the return until we receive this form.

Oregon Filing Instructions

Enclosed is your 2019 Oregon CT-12, Charitable Activities Section Oregon Department of Justice Annual Report. The original should be signed at the bottom of page 2. Please make your check payable for any revenue fee payment due to Oregon Department of Justice, and mail on or before November 15, 2020 to:

Oregon Department of Justice 100 SW Market Street Portland, OR 97201-5702

If applicable, enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please contact our office.

Sincerely,

BGO CPAs

Form 8879-EO	IRS <i>e-file</i> S for an E	OMB No. 1545-1878		
Department of the Treasury	For calendar year 2019, or fiscal year beginning \dots ${f u}$ Do not send to	7/01 6/	30 _{, 20} 20	2019
Internal Revenue Service Name of exempt organization		onnear the latest information.	Employer identificat	ion number
	IFT URBAN PORTLAND		93-09237	
	RIAN FLEENER		55 65257	15
	RESIDENT			
	Return and Return Information (Who	ole Dollars Only)		
	for which you are using this Form 8879-EO ar	· ·	m the return. If you	
	3a, 4a, or 5a, below, and the amount on that			
	5b, whichever is applicable, blank (do not ente	-		
the applicable line below. Do	not complete more than one line in Part I.			
1a Form 990 check here	X b Total revenue, if any (Form 990,	Part VIII, column (A), line 12)	1b	1,028,158
2a Form 990-EZ check here	e 🕨 🛄 b Total revenue, if any (Form 9	990-EZ, line 9)	2b	
3a Form 1120-POL check h	ere b Total tax (Form 1120-POL,	line 22)	3b	
4a Form 990-PF check here	e ▶ b Tax based on investment inco	ome (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due (Form 8868, line 3c))	5b	
Part II Declaratio				
Under penalties of perjury, I organization's 2019 electroni are true, correct, and comple organization's electronic retu to send the organization's re the transmission, (b) the rea authorize the U.S. Treasury financial institution account in return, and the financial insti Agent at 1-888-353-4537 no involved in the processing of resolve issues related to the electronic return and, if appl Officer's PIN: check one bo I authorize BGC on the organization's being filed with a sta ERO to enter my PII As an officer of the of If I have indicated w	•	ization and that I have examined a copy itements and to the best of my knowledg bove is the amount shown on the copy of provider, transmitter, or electronic return an acknowledgement of receipt or reasc efund, and (c) the date of any refund. If a in electronic funds withdrawal (direct debi- yment of the organization's federal taxes roke a payment, I must contact the U.S. T ent (settlement) date. I also authorize the infidential information necessary to answer ation number (PIN) as my signature for the funds withdrawal. to enter my PIN ave indicated within this return that a copy he IRS Fed/State program, I also authorize the gfiled with a state agency(ies) regulating	e and belief, they originator (ERO) on for rejection of pplicable, I t) entry to the owed on this Treasury Financial financial institutions er inquiries and the organization's 06776 as r Enter five numbers, bu do not enter all zeros y of the return is ze the aforementione	ed
Officer's signature }		Date }	10/07/20	
	on and Authentication			
	r six-digit electronic filing identification our five-digit self-selected PIN.			302105380 p not enter all zeros
indicated above. I confirm th	ric entry is my PIN, which is my signature on at I am submitting this return in accordance w as <i>e-file</i> Providers for Business Returns.	-	•	
ERO's signature }	ALD D. HARMENING	Date }	10/07/20	
		is Form — See Instructions the IRS Unless Requested To D	Do So	- 9970 EO

For Paperwork Reduction Act Notice, see back of form.

6776 10/07/2020 11:37 AM

Form	4562	62 (Including Information on Listed Property) U Attach to your tax return.						
Depart	ment of the Treasury			2019 Attachment				
_	I Revenue Service (99) (s) shown on return	u Go to www.irs.	gov/Form4562 for inst	ructions and t	he latest inform		ing nun	Sequence No. 179
INAILIC		T URBAN PORTL				-)923'	
Busin	ess or activity to which this forn						//25	//5
	NDIRECT DEPREC							
		Expense Certain Prop	perty Under Section	n 179				
		nave any listed propert	•		omplete Part	Ι.		
1	Maximum amount (see ins	tructions)					1	1,020,000
2	Total cost of section 179 p	roperty placed in service (se	ee instructions)				2	
3		179 property before reductio					3	2,550,000
4	Reduction in limitation. Sub	otract line 3 from line 2. If ze	ero or less, enter -0				4	
5		btract line 4 from line 1. If zero					5	
6	(a) D	Description of property	(b) (Cost (business use	only) (c) I	Elected cost	-	
7 8	Listed property. Enter the a	amount from line 29 n 179 property. Add amoun	ts in column (c) lines 6 :	and 7	7		8	
9		the smaller of line 5 or line	0				9	
10		duction from line 13 of your					10	
11		Enter the smaller of busine					11	
12		ction. Add lines 9 and 10, b					12	
13		duction to 2020. Add lines 9			13	<u></u>		
Note	: Don't use Part II or Part III	below for listed property. In	stead, use Part V.		•			
Pa	rt II Special Depr	eciation Allowance a	nd Other Deprecia	tion (Don't	include listed	property	. See	instructions.)
14	Special depreciation allowa	nce for qualified property (c	other than listed property) placed in ser	vice	[•
	during the tax year. See in	structions					14	
15	Property subject to section	168(f)(1) election					15	
16	Other depreciation (includir	ng ACRS)					16	
Pa	rt III MACRS Dep	reciation (Don't includ	le listed property. S	ee instructio	ons.)			
			Section A					
17		sets placed in service in tax					17	429
18		ets placed in service during the tax y						
	Sectio	n B—Assets Placed in Se		Year Using the	e General Depre	eciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	Convention (f) Metho		(g) Depreciation deduction
19a	3-year property							
b	5-year property							
C	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			S/L				
h	Residential rental property			27.5 yrs.	MM	S/L		
<u> </u>	,			27.5 yrs.	MM	S/L		
i	Nonresidential real property			39 yrs.	MM MM	S/L S/L		
	Section	C—Assets Placed in Serv	vice During 2019 Tax Yo	ar Using the	Alternative Dep	reciation S	System	
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
b	i E you				MM			
	30-year			30 yrs.		S/L		
С				30 yrs. 40 yrs.	MM	S/L S/L		
c d	30-year 40-year	ee instructions.)						
c d	30-year 40-year						21	3,370
c d Pa	30-year 40-year Int IV Summary (S Listed property. Enter amo Total. Add amounts from li	unt from line 28 ne 12, lines 14 through 17,		40 yrs. n (g), and line	MM 21. Enter	S/L		
c d Pa 21	30-year 40-year Int IV Summary (S Listed property. Enter amo Total. Add amounts from li here and on the appropriat	unt from line 28	erships and S corporation	40 yrs. n (g), and line ns—see instru	MM 21. Enter	S/L	21 22	3,370 3,799

	a 4562 (201 art V	Listed Prop entertainmen Note: For any v	erty (Include a t, recreation, /ehicle for which y a) through (c) of S	or amuse	ement.)	ndard m	nileage i	rate or d	leducting	lease e		• •				Page
			Depreciation			on (Ca	ution: S				mits for	passenę	ger autor			
24a	Do you hav	e evidence to support t	the business/investmen	nt use claimed?			Yes	No	24b	lf "Yes,'	' is the e	evidence	written?	?	X Yes	1
	ne of property Date placed Business/		(d Cost or ot	Basis for depreciation			(f) Recovery period		(g) Method/ onvention		(h) Depreciation deduction		(i) Elected section 17 cost			
25	•	depreciation allow	•					0			2	5				
26		used more than {		•						<u></u>		•				
		ATEMENT	1													
			%	5	6,509		23	,993					3	,370		
			%													
27	Property	used 50% or less	s in a qualified bu	usiness use:												
			%							S/I						
															1	
			%							S/I						
28	Add amo	ounts in column (h), lines 25 throug	h 27. Enter	here and	on line	21, pag	je 1			2	8	3	,370		
29		ounts in column (i)												. 29		
				Sect	tion B—Ir	nformat	ion on	Use of	Vehicles	;						
Com	plete this	section for vehicle	es used by a sole	proprietor,	partner, o	r other	"more th	nan 5%	owner,"	or relate	ed perso	n. If you	provide	d vehicle	es	
to yo	our employ	ees, first answer	the questions in S	Section C to	o see if yo	u meet	an exce	eption to	complet	ing this	section	for thos	e vehicle	es.		
					(a)		(t		(0			d)		(e)		f)
30	Total bu	usiness/investment miles driven during			Vehicle 1 Vehicle 2			Vehicle 3 Vehicle		icle 4	4 Vehicle 5		Vehi	icle 6		
	the year	(don't include co	mmuting miles)													
31	-	mmuting miles driv														
32		ner personal (non														
-	miles dri	Ven														
33		es driven during t														
		through 32														
34		vehicle available	for personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•		ng off-duty hours?														
35		vehicle used prim														
55		owner or related														
26		er vehicle available														
36	15 011011		Section C-Que			- \A/l+ -	Ducydala	. Vahial			l Chain Fu					
A	var thaaa	questions to deter			•••					-		• •				
		owners or related	•	•		pieting	Section	D IUI VE	micles us	eu by e	empioye		aren t			
					ite ell nore	onel us	a of vo	hioloo ir	aludiaa		ing by				Vac	Na
37	-	maintain a written							-						Yes	No
~~																<u> </u>
38	•	maintain a written		•	•				•	-						
		es? See the instru														
39	-	reat all use of ver														
40		provide more than				in inforr	mation f	rom you	r employ	ees abo	out the					
		e vehicles, and re														
41		meet the requirem														
_		your answer to 37		11 is "Yes,"	don't com	plete Se	ection B	for the	covered	vehicles	6.					
Pa	art VI	Amortization	ו									(-)				
		(a) Description of costs	Date am			Amonizable amount			nt	Code section		Amortiza period	(e) Amortization period or Amortiz percentage		(f) zation for this year	
						instruc	tions).				I		I			
42	Amortiza	tion of costs that	heating during you	11r 7010 tov												
42	Amortiza	tion of costs that	begins during yo	ur 2019 tax	year (see											
42	Amortiza	tion of costs that	begins during yo	ur 2019 tax	year (see											
42		tion of costs that											43			