

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

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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 2013 calendar year, or tax year beginning Jun 1, 2013, and ending May 31, 2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>LIFT</u>			<b>D</b> Employer Identification Number <u>75-1095223</u>	
	Doing Business As			<b>E</b> Telephone number <u>(214) 824-2000</u>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1610 MALCOLM X BLVD</u> <u>320</u>				
	City or town, state or province, country, and ZIP or foreign postal code <u>DALLAS TX 75226</u>			<b>G</b> Gross receipts <u>\$ 1,213,386.</u>	
<b>F</b> Name and address of principal officer: <u>LISA HEMBRY 1610 S MALCOLM X BLVD DALLAS TX 75226</u>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)		
<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			<b>H(c)</b> Group exemption number ▶		
<b>J</b> Website: ▶ <u>WWW.LIFT-TEXAS.ORG</u>					
<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: <u>1961</u>		<b>M</b> State of legal domicile: <u>TX</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION'S MISSION IS TO ENHANCE LIVES AND STRENGTHEN COMMUNITIES BY TEACHING ADULTS TO READ.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	24
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	29
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	345
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	843,771.	1,059,744.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,433.	2,403.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	257.	258.
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,609.	150,981.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	952,070.	1,213,386.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	459,532.	578,018.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>217,145.</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	423,971.	476,536.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	883,503.	1,054,554.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	68,567.	158,832.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	521,159.	817,824.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	25,206.	163,039.
			495,953.	654,785.

**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>		<u>11/12/14</u>
	Signature of officer	Date
	<u>LISA HEMBRY</u>	<u>PRESIDENT/CEO</u>
	Type or print name and title.	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Philip T. Charon</u>	Preparer's signature	Date <u>11/14/14</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01442771</u>
	Firm's name ▶ <u>Philip T. Charon &amp; Co, PLLC</u>				
	Firm's address ▶ <u>6220 Colleyville Blvd, Suite A</u> <u>Colleyville TX 76034</u>			Firm's EIN ▶ <u>27-4510644</u>	
					Phone no. <u>(817) 944-3040</u>

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