Form **8868** 

(Rev. January 2022)

### **Application for Automatic Extension of Time To File an Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) CONDUCTIVE EDUCATION CENTER OF print 59-3711800 ORLANDO, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 931 S. SEMORAN BLVD., 220 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ORLANDO, FL 32792 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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 Form 990-T (corporation) BARRY CURRAN • The books are in the care of ▶ 931 S. SEMORAN BLVD STE 220 - WINTER PARK, FL 32792 Telephone No. ► 407-671-4687 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 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. JUNE 17, 2024 \_\_\_\_ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year  $\_$  , and ending  $\_$  JUL  $\,$  31 ,  $\,$  2023 ► X tax year beginning AUG 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2022)

isclosure Copy \*\*

EXTENDED TO JUNE 15, 2024

## **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.

OMB No. 1545-0047

Department of the Treasury

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

		nue service and the service an	TITE 21 2022					
<u>A F</u>	or the		JUL 31, 2023					
<b>B</b> c	heck if pplicable	CONDUCTIVE EDUCATION CENTER OF	D Employer identific	cation number				
	_]chang ¬Name	·	F0 27110	0.0				
Ļ	_chang	Doing business as	59-37118					
	return _Final _return/	Number and street (or P.0. box if mail is not delivered to street address)  931 S. SEMORAN BLVD.  Room/st	ite E Telephone number $407-671-6$	4687				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,599,926.				
	Ameno	ORLANDO, FL 32792	H(a) Is this a group re	eturn				
	Application	F Name and address of principal officer: KRISZTINA WEISZHAUPT	for subordinates					
	pendir							
931 S. SEMORAN BLVD STE 220, WINTER PARK, FL   H(b) Are all subordinates included?   Yes   I Tax-exempt status:   \$\overline{X}\$ 501(c)(3)   501(c) ( ) (insert no.)   4947(a)(1) or   527   If "No," attach a list. See instructions								
	Vebsit		H(c) Group exemption					
				1 State of legal domicile: <b>FL</b>				
	irt I	Summary	ear of formation. ZOOLIN	1 State of legal doffliche. P 11				
1 0			ים חטם דאורם פי	IDENCE OF				
ø		Briefly describe the organization's mission or most significant activities: TO ENHANG						
Governance		CHILDREN AND ADULTS WITH MOTOR DISABILITIES T						
ũ		Check this box if the organization discontinued its operations or disposed of m	1 1					
Š	l	Number of voting members of the governing body (Part VI, line 1a)		16				
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)		16				
es S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	87				
ζŧ	6	Total number of volunteers (estimate if necessary)	6	50				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.				
			Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)	636,146.	799,005.				
Revenue	l	Program service revenue (Part VIII, line 2g)	1,502,331.	1,773,549.				
š	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,314.	9,001.				
æ	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-88,174.	-117,915.				
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,052,617.	2,463,640.				
			0.	0.				
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
	4-	Benefits paid to or for members (Part IX, column (A), line 4)	1,378,535.	1,666,209.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  237,027.	0.	U •				
.X	b	<u> </u>	400 604	470 625				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	402,604.	470,635.				
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,781,139.	2,136,844.				
	19	Revenue less expenses. Subtract line 18 from line 12	271,478.	326,796.				
Net Assets or			Beginning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)	2,142,403.	2,601,104.				
t As	21	Total liabilities (Part X, line 26)	1,423,419.	1,555,107.				
2	22	Net assets or fund balances. Subtract line 21 from line 20	718,984.	1,045,997.				
Pa	ırt II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare						
		Barry Curran	1/23/2024	+				
Sign	า	Signature of office of the state of the stat	Date					
Her		BARRY CURRAN, CFO						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Paid		AMY CHAPMAN AMY CHAPMAN	01/22/24 if self-employ					
Prep		Firm's name CLIFTONLARSONALLEN LLP		1-0746749				
	Only	400 20 07	riiiii s ciiv +	<u> </u>				
USE	Unity	Firm's address 420 SOUTH ORANGE AVENUE, SUITE 900 ORLANDO, FL 32801	Dhama as 40	7-802-1200				
			Phone no. 4 U					
May	the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No				

ORLANDO, INC. 59-3711800 Page **2** Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO COMBINE PHYSICAL AND SOCIAL EDUCATIONAL METHODS TO MEET THE UNIQUE NEEDS OF MOTOR DISABLED PEOPLE, TO ENABLE THEM TO MAXIMIZE THEIR INDIVIDUAL POTENTIAL OF FUNCTIONALITY AND INDEPENDENCE IN A SAFE CARING GROUP ENVIRONMENT. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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.  $1,055,4\underline{65}$  including grants of \$ 1.115.476. ) (Expenses \$ ) (Revenue \$ 4a PRIVATE SCHOOL PROGRAM THIS PRIVATE SCHOOL DAY PROGRAM INCORPORATES A CONDUCTIVE EDUCATION AND SPECIAL EDUCATION BLENDED PROGRAM FOR STUDENTS WITH CEREBRAL PALSY AGES 5-22 YEARS OLD. EACH STUDENT WORKS TO ACCOMPLISH HIS OR HER INDIVIDUAL GOALS SET BY THEIR INDIVIDUALIZED EDUCATION PLAN (IEP). EDUCATIONAL PROGRAMMING IS GUIDED BY THE FLORIDA DEPARTMENT OF EDUCATION ACADEMIC STANDARDS (COMMON CORE AND ACCESS POINTS) WHILE INFUSING THE HOLISTIC ELEMENTS OF THE CONDUCTIVE EDUCATION MOTOR LEARNING PROGRAM. CHILDREN ARE CONSTANTLY STIMULATED THROUGHOUT THE ENTIRE DAY WITH SELF-CARE SKILLS TRAINING, MOTOR SKILL BUILDING, SENSORY PROCESSING AND GROUP AND INDIVIDUAL EDUCATIONAL ACTIVITIES. THIS PROGRAM HAD 38 STUDENTS PARTICIPATE IN DURING THE 2023 FISCAL YEAR. 442,614 \_ including grants of \$ 349,285. 4h ) (Expenses \$ ) (Revenue \$ FULL DAY ADULT PROGRAM THE FULL DAY ADULT PROGRAM IS DESIGNED FOR INDIVIDUALS AGES 22 AND UP WITH MOTOR AND DEVELOPMENTAL DISABILITIES. OUR HIGH QUALITY PROGRAMMING FOCUSES ON THE DEVELOPMENT AND IMPROVEMENT OF THE PARTICIPANT'S DAILY LIVING SKILLS. IT PROVIDES MULTIPLE OPPORTUNITIES TO APPLY AND INTEGRATE NEW SKILLS INTO EVERYDAY SITUATIONS WHILE REMAINING PHYSICALLY ACTIVE. THIS PROGRAM RUNS MONDAY-FRIDAY FROM 9:00AM TO 2:30 THIS PROGRAM HAD 12 ADULTS PARTICIPATE DURING THE 2023 FISCAL YEAR VIRTUAL SESSIONS WERE STARTED DURING EARLY COVID AND CONTINUE TODAY. WE PROVIDE ONE ON ONE VIRTUAL SESSIONS FOR THOSE WHO LIVE OUT OF STATE OR ARE CONCERNED ABOUT FACE TO FACE LEARNING AS WELL AS INDIVIDUAL SESSIONS FOR THOSE WHO NEED ADDITIONAL ATTENTION. 204,283 including grants of \$ 309,453. ) (Expenses \$ ) (Revenue \$ SUMMER CAMP OUR ANNUAL SUMMER CAMP IS AN INTENSIVE CONDUCTIVE EDUCATION PROGRAM WITH THE FOCUS ON INCREASING PHYSICAL AND SOCIAL INDEPENDENCE. DAILY ROUTINE INCLUDES PROGRAMS TO DEVELOP GROSS MOTOR, FINE MOTOR AND SELFCARE SKILLS. OVER 20% OF OUR ENROLLMENT FOR SUMMER CAMP IS DERIVED OF OUT OF STATE OR INTERNATIONAL FAMILIES. CECO'S SUMMER CAMP OFFERS CAMPERS 5 HOURS A DAY OF ONE-TO-ONE CONDUCTIVE THERAPY. THIS PROGRAM HAD 60 STUDENTS PARTICIPATE DURING THE 2023 FISCAL YEAR. Other program services (Describe on Schedule O.) including grants of \$ ) (Revenue \$ 1,702,362. Total program service expenses Form 990 (2022)

Form 990 (2022) ORLANDO, INC. 59-3711800 Page 3

Part IV Checklist of Required Schedules

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

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Part IV | Checklist of Required Schedules (continued)

	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete	056		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
~4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>32</u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· u	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Costodulo C contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6		. 03	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			~~~	

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Form 990 (2022) ORLANDO, INC. 59-3711800 Page 5

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

232005 12-13-22 Form **990** (2022)

Form 990 (2022)

ORLANDO, INC.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website | X | Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BARRY CURRAN - 407-671-4687 S. SEMORAN BLVD STE WINTER PARK, FL32792 931

Form 990 (2022) ORLANDO, INC. 59-3711800 Page 7

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

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

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition more	<b>າ</b> than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-	cer ar	ia a a	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	, e			ated		organization	(W-2/1099-MISC/	from the
	related	stee	truste		9.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	nal tru	ional		ploye	t com		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KRISZTINA WEISZHAUPT	40.00								_	
EXECUTIVE DIRECTOR				Х				94,860.	0.	4,865
(2) BARRY CURRAN	14.00									
CFO				Х				55,600.	0.	0
(3) JOE RAYMOND, JR.	10.00									
PRESIDENT		Х		Х				0.	0.	0
(4) RUSSEL HALE	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0
(5) EVAN WYANT	1.00									
TREASURER		Х		Х				0.	0.	0
(6) MARY ANN ETZLER	1.00									
SECRETARY		Х		Х				0.	0.	0
(7) BROCK MAGRUDER	1.00	]								
DIRECTOR		Х						0.	0.	0
(8) PETE DIPASQUA	1.00	J								
DIRECTOR		Х						0.	0.	0
(9) PETE MCALINDON	1.00	l								
DIRECTOR		Х						0.	0.	0
(10) VICKY RAYMOND	1.00	1							_	_
DIRECTOR		Х						0.	0.	0
(11) JOHN BEACHAM	1.00									
DIRECTOR		Х						0.	0.	0
(12) TYLER KURAU	1.00	]								
DIRECTOR		Х						0.	0.	0
(13) LARA TRIOZZI	1.00	]								
DIRECTOR		Х						0.	0.	0
(14) KEN BAKER	1.00	1								
DIRECTOR		Х						0.	0.	0
(15) KEVIN VITALE	1.00	]								
DIRECTOR		Х				_		0.	0.	0
(16) JOE HALESKI	1.00							_		_
DIRECTOR		Х	_		_			0.	0.	0
(17) JEFF GANSSLE	1.00	<b> </b>								
DIRECTOR		Х						0.	0.	0 Form <b>990</b> (202

Form 990 (2022) ORLANDO, INC. 59-3711800 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and title	(B) Average hours per	box,	not ch unles	Pos neck i ss per	rson i	than o	an	( <b>D</b> )  Reportable compensation	<b>(E)</b> Reportable compensatior	1	Esti	(F) mated ount o	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated surployee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS( 1099-NEC)		comp fro orga and	ther ensati m the nizatio relate nizatio	on ed
(18) MICHELLE MONGKOLSMAI DIRECTOR	1.00	Х						0.		0.			0.
		•											
								150 460				0.6	_
1b Subtotal c Total from continuation sheets to Part VII								150,460.		0.		,86	0.
d Total (add lines 1b and 1c)  Total number of individuals (including but no								150,460. eceived more than \$100,	000 of reportable	0.	4	<u>,86</u>	0
compensation from the organization												<b>Yes</b>	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so	•		•		•		_	•	•	- 1	3		X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from t	ne organization				
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										}	4		X
rendered to the organization? If "Yes," com					,			J			5		Х
Section B. Independent Contractors  1 Complete this table for your five highest contractors	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensati	on fron	n	—
the organization. Report compensation for t													
(A) Name and business	address	NC	NE	3				(B) Description of s	ervices	Co	(C) ompens		
2 Total number of independent contractors (in	acluding but p	at lin	nited	l to	thos	a lie	ted	ahove) who received me	ore than				
\$100,000 of compensation from the organiz		J. 1111			(			2270j Wild 1000Wod III			_ ^	<u> </u>	005)

ORLANDO, INC. 59-3711800 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b **b** Membership dues 412,055. c Fundraising events 1c d Related organizations 1d 129,150. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 257,800 1f 53,360 g Noncash contributions included in lines 1a-1f 799,005 h Total. Add lines 1a-1f **Business Code** 2 a SCHOOL DAY CLASSES 611710 1,115,476 1,115,476 Program Service Revenue 611710 349,285 OTHER SCHOOL PROGRAMS 349,285 SUMMER CAMP 611710 308,788. 308,788. d f All other program service revenue ..... 1,773,549 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 10,263 10,263 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis 1,262 and sales expenses Other Revenue 7с -1.262.c Gain or (loss) -1,262. -1,262. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 412,055. of contributions reported on line 1c). See Part IV, line 18 16,444.

c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER REVENUE 900099 665 665 b d All other revenue 665 e Total. Add lines 11a-11d 2,463,640. -109,579. 1,774,214 Total revenue. See instructions 12 Form 990 (2022)

-118,580

135,024,

9b

-118,580.

**b** Less: direct expenses

**b** Less: direct expenses

c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19

Form 990 (2022) ORLANDO, INC.

Part IX | Statement of Functional Expenses

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Pai	Part IX Statement of Functional Expenses									
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).						
	Check if Schedule O contains a respon	443								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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  Compensation of current officers, directors,									
5	trustees, and key employees	161,375.	115,647.	26,695.	19,033.					
6	Compensation not included above to disqualified	101,373.	113,047.	20,033.	10,000.					
·	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	1,334,392.	1,054,170.	106,751.	173,471.					
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	17,291.	13,660.	1,383. 4,384.	2,248. 7,124.					
9	Other employee benefits	54,798.	43,290.	4,384.	7,124.					
10	Payroll taxes	98,353.	77,699.	7,868.	12,786.					
11	Fees for services (nonemployees):									
а	Management	11.00								
b	Legal	14,986.	8,948.	4,565.	1,473. 2,073.					
	Accounting	21,090.	12,593.	6,424.	2,073.					
	Lobbying									
_	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	13,115.	10,361.	1,049.	1.705.					
13	Office expenses	71,130.	56,193.	5,690.	1,705. 9,247.					
14	Information technology	,	,		- ,					
15	Royalties									
16	Occupancy	143,267.	127,508.	14,327.	1,432.					
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	4								
20	Interest	64,700.	57,583.	6,470.	647.					
21	Payments to affiliates	E0 020	EO 440	E 003						
22	Depreciation, depletion, and amortization	58,930. 39,994.	52,448. 31,595.	5,893.	589. 5,199.					
23	Other expanses, Itamiza expanses not covered	33,334.	31,393.	3,200.	5,133.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а	PROGRAM & CLASSROOM EXP	40,667.	40,667.							
b										
c										
d										
е	All other expenses	2,756.		2,756.						
25	Total functional expenses. Add lines 1 through 24e	2,136,844.	1,702,362.	197,455.	237,027.					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)				D 000 (225)					
232010	12-13-22				Form <b>990</b> (2022)					

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Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or no	te to any	line in this Part X				
					<b>(A)</b> Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing	401,655.	1	671,456.			
	2	Savings and temporary cash investments			3,084.	2	2,802.	
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		84,518.	4	172,909.		
	5	Loans and other receivables from any current of						
		trustee, key employee, creator or founder, sub-						
		controlled entity or family member of any of the	ese persoi	ns		5		
	6	Loans and other receivables from other disqua						
		under section 4958(f)(1)), and persons describe		6				
ţ	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
¥	9	B			11,043.	9	20,226.	
		Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	1,861,473.				
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	315,949.	1,580,178.	10c	1,545,524. 73,259.	
	11	Investments - publicly traded securities	61,925.	11	73,259.			
	12	Investments - other securities. See Part IV, line		12				
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		14	111 000			
	15	Other assets. See Part IV, line 11			0.	15	114,928.	
	16	Total assets. Add lines 1 through 15 (must eq			2,142,403.	16	2,601,104.	
	17	Accounts payable and accrued expenses		93,992.	17	115,926.		
	18	Grants payable		1E 06E	18	02 002		
	19	Deferred revenue			45,865.	19	83,082.	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
Liabilities	22	Loans and other payables to any current or for trustee, key employee, creator or founder, sub-						
ē		controlled entity or family member of any of the		· · · · · · · · · · · · · · · · · · ·		22		
E.	23	Secured mortgages and notes payable to unre		: Г	1,283,562.	23	1,240,526.	
	24	Unsecured notes and loans payable to unrelate			1,203,302.	24	1,210,3200	
	25	Other liabilities (including federal income tax, p						
		parties, and other liabilities not included on line	•					
		of Schedule D		0.	25	115,573.		
	26	Total liabilities. Add lines 17 through 25			1,423,419.	26	1,555,107.	
		Organizations that follow FASB ASC 958, ch	eck here	X				
es		and complete lines 27, 28, 32, and 33.		_				
anc	27				718,913.	27	1,018,497.	
Bal	28	Net assets with donor restrictions			71.	28	1,018,497. 27,500.	
pu		Organizations that do not follow FASB ASC						
Ē		and complete lines 29 through 33.						
S Q	29	Capital stock or trust principal, or current fund	s			29		
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or e				30		
As	31	Retained earnings, endowment, accumulated i	ncome, oi	r other funds		31		
Net	32	Total net assets or fund balances			718,984.	32	1,045,997.	
	33	Total liabilities and net assets/fund balances			2,142,403.	33	2,601,104.	

ORLANDO, INC. 59-3711800 Page 12 Form 990 (2022) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,463,640. Total revenue (must equal Part VIII, column (A), line 12) 1 2,136,844. Total expenses (must equal Part IX, column (A), line 25) 2 2 326,796. Revenue less expenses. Subtract line 2 from line 1 3 718,984. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 218. 5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,045,997. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х **2a** Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? Х За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. CONDUCTIVE EDUCATION CENTER OF

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

		ORLA						9-3/11800				
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.					
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)						
1	$\bigcap$	A church, convention of ch					I)(A)(i).					
2	X	A school described in <b>sect</b>					<i>X X Y</i>					
3	Ħ	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .										
4	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
•	ш	city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
3	ш			lege of difficersity owned	or operati	ed by a go	verninental unit describe	5u III				
_		section 170(b)(1)(A)(iv). (C			4-		· .					
6	H	A federal, state, or local government	-									
7	Ш	An organization that norma	•	ntial part of its support fr	om a gove	ernmental i	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C										
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b> i	ix) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or				
		university:										
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to carry out the	purposes of one or				
		more publicly supported or	aanizations describe	d in <b>section 509(a)(1)</b> o	r section (	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on				
		lines 12a through 12d that	~									
а		Type I. A supporting orga	• • • • • • • • • • • • • • • • • • • •				, ,	aivina				
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-						
		organization. You must o			majority o	T ti lo dii oo	1010 01 11001000 01 1110 01	apporting				
b		Type II. A supporting org			ion with its	e cunnorte	nd organization(s) by hav	/ina				
	_	control or management o	· ·					-				
		organization(s). <b>You mus</b>			arrie persor	iis iiiai coi	ntiol of manage the supp	ported				
_		¬ ·			in connect	ion with a	and functionally integrate	ad with				
С							• •	ea with,				
		its supported organization										
d							• • • • • •	* *				
		that is not functionally int	-		•		•	veness				
	_	requirement (see instructi	,	•	-							
е		☐ Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or										
f		er the number of supported o										
g		vide the following information			(iv) Is the oraș	inization listed		1 (-2) A (-4)				
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
rot:												

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ORLANDO, INC.

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D	Δ I Δ . I I		470/L\/4\/A\/:\	470/L\/4\/A\/ '\
Part II I	Support Schedule for Ord	ganizations Described in Sections	1/U(D)(1)(A)(IV) and	1/U(D)(1)(A)(VI)
	2006621120101121121121	Jan	()()()	

(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.)

Calendar year (or fiscal year beginning in)  (a) 2018 (b) 2019  Gifts, grants, contributions, and	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts grants contributions and				(I) I Otal
i dino, granto, contributiono, and				
membership fees received. (Do not				
include any "unusual grants.")				
2 Tax revenues levied for the organ-				
ization's benefit and either paid to				
or expended on its behalf				
3 The value of services or facilities				
furnished by a governmental unit to				
the organization without charge				
4 Total. Add lines 1 through 3				
5 The portion of total contributions				
by each person (other than a				
governmental unit or publicly				
supported organization) included				
on line 1 that exceeds 2% of the				
amount shown on line 11,				
column (f)				
6 Public support. Subtract line 5 from line 4.				
Section B. Total Support	•		•	
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4				
8 Gross income from interest,				
dividends, payments received on				
securities loans, rents, royalties,				
and income from similar sources				
9 Net income from unrelated business				
activities, whether or not the				
business is regularly carried on				
10 Other income. Do not include gain				
or loss from the sale of capital				
assets (Explain in Part VI.)				
11 Total support. Add lines 7 through 10				
12 Gross receipts from related activities, etc. (see instructions)			12	
13 First 5 years. If the Form 990 is for the organization's first, second, this	rd, fourth, or fifth tax	year as a section 5	601(c)(3)	
organization, check this box and stop here				
Section C. Computation of Public Support Percentage				
14 Public support percentage for 2022 (line 6, column (f), divided by line 1	1, column (f))		14	%
			15	%
16a 33 1/3% support test - 2022. If the organization did not check the box	x on line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
stop here. The organization qualifies as a publicly supported organizat				
b 33 1/3% support test - 2021. If the organization did not check a box	on line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
and stop here. The organization qualifies as a publicly supported orga				
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did n	ot check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the facts-and-circumstances test, check t	his box and stop he	<b>ere.</b> Explain in Part	VI how the organiz	zation
meets the facts-and-circumstances test. The organization qualifies as a		•		
b 10% -facts-and-circumstances test - 2021. If the organization did n	ot check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the organization meets the facts-and-circumstances test, or				
organization meets the facts-and-circumstances test. The organization				
<b>18 Private foundation.</b> If the organization did not check a box on line 13,	16a, 16b, 17a, or 17l	b, check this box a		(Form 990) 2022

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

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

qualify under the tests listed b Section A. Public Support	elow, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	. ,		, ,			,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
10a 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						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Publi	ic Support Pe	rcentage				
15 Public support percentage for 2022 (	ine 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2021		<u> </u>			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	<b>)22</b> (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
<b>18</b> Investment income percentage from	<b>2021</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the						7 is not
more than 33 1/3%, check this box at	nd <b>stop here.</b> The	e organization quali	fies as a publicly s	supported organiz	ation	
<b>b 33 1/3% support tests - 2021.</b> If the						
line 18 is not more than 33 1/3%, che  20 Private foundation. If the organization						

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### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Vos	No
	Yes	140
1		
2		
За		
Ja		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
7		
8		
9a		
0.		
9b		
9с		
10a		
10b	n 990)	2022

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Par	t IV	Supporting Organizations (continued)			<u> </u>
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail i	n Part VI.	11c		
Sec	tion B	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	<i>superv</i> tion C	rised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
		Type it cupperting organizations		Yes	No
1	Word o	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•		tees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec	tion D	D. All Type III Supporting Organizations	•		
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
200	suppo	rted organizations played in this regard. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i> The organization supported a governmental entity. <i>Describe in <b>Part VI</b> how you supported a governmental entity (see ins</i>	tu otion	۵۱	
2		ies Test. <b>Answer lines 2a and 2b below.</b>	struction	Yes	No
a		bstantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
-		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	y
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	7 7711000 Pag
	on D - Distributions	( /, /	(COITHING	IGU)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<b>S</b>	3	
4	Amounts paid to acquire exempt-use assets	., .		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	, , , , , , , , , , , , , , , , , , ,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
_	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
<u>a</u>	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

# CONDUCTIVE EDUCATION CENTER OF ORLANDO INC.

Schedule A	(Form 990) 2022	ORLANDO,	INC.		59-	·3711800 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D,	<b>mation.</b> Provide, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanations r 5a, 6, 9a, 9b, 9c, 1 IV, Section E, lines	equired by Part II, line 10; F 1a, 11b, and 11c; Part IV, S 51c, 2a, 2b, 3a, and 3b; Par nd 6. Also complete this par	art II, line 17a or 17b; Pa Section B, lines 1 and 2; t V, line 1; Part V, Sectio	art III, line 12; Part IV, Section C, on B, line 1e; Part V,
	(See instructions.)	o, and Part V, Sect	ion E, illies 2, 3, ai	id 6. Also complete triis par	t for any additional infor	maton.

Schedule A (Form 990) 2022

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### Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF

2000

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Schedule B (Form 990) (2022)

**Employer identification number** 

OMB No. 1545-0047

ORLANDO, INC.		59-3711800
Organization type (check	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	١
	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	
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule. See instructions.
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a contribution	
Special Rules		
sections 509(a)( contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 1 ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	16b, and that received from any one
contributor, duri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ring the year, total contributions of more than \$1,000 exclusively for religious, charitational purposes, or for the prevention of cruelty to children or animals. Complete Part (b) instead of the contributor name and address), II, and III.	able, scientific,
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions toter here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the <b>General Rule</b> applies to this organization becausele, etc., contributions totaling \$5,000 or more during the year	taled more than \$1,000. If this box religious, charitable, etc., ause it received <i>nonexclusively</i>
answer "No" on Part IV, li	n that isn't covered by the General Rule and/or the Special Rules doesn't file Scheduline 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9illing requirements of Schedule B (Form 990).	•

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization
CONDUCTIVE EDUCATION CENTER OF
ORLANDO, INC.

Employer identification number
59-3711800

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 5	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 6	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)

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7 7	<u> </u>
Name of organization	Employer identification number
CONDUCTIVE EDUCATION CENTER OF	
ORLANDO, INC.	59-3711800

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 8	Name, address, and ZIP + 4	Total contributions Type of contribution Person X
		\$ 10,000.    Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
10	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11	Name, audiess, and LIF + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12	ivalie, audiess, dilu ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

	<u> </u>
Name of organization	Employer identification number
CONDUCTIVE EDUCATION CENTER OF	
ORLANDO, INC.	59-3711800

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4	* 10,000 • 10,000 •	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$ <u>8,589.</u>	Person X Payroll

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Schedule B (Form 990) (2022)

	9-
Name of organization	Employer identification number
CONDUCTIVE EDUCATION CENTER OF	
ORLANDO, INC.	59-3711800

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, audiess, and Zir + 4	\$ 5,113.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$ <u>5,113.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 5,000.	Person X Payroll

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7 7	<u> </u>
Name of organization	Employer identification number
CONDUCTIVE EDUCATION CENTER OF	
ORLANDO, INC.	59-3711800

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 28	Name, address, and ZIP + 4	\$\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person X Payroll

223452 11-15-22

	9-
Name of organization	Employer identification number
CONDUCTIVE EDUCATION CENTER OF	
ORLANDO, INC.	59-3711800

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
31		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$\$,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	Name, address, and Zir + +	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CONDUCTIVE EDUCATION CENTER OF
ORLANDO, INC.

Employer identification number
59-3711800

Partii	(see instructions). Use duplicate copies of Part II	i if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** CONDUCTIVE EDUCATION CENTER OF 59-3711800 ORLANDO, INC. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

CONDUCTIVE EDUCATION CENTER OF ORLANDO. INC.

Employer identification number 59-3711800

organization answered "Yes" on Form 990, Part IV, line 6.  1 Total number at end of year 2 Aggregate value of contributions to (Quring year) 3 Aggregate value of contributions to (Quring year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets helid in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 5 Did the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) or conservation easements held by the organization of education in the form of a conservation area property and the preservation of a last final property and property and preservation of a part final distribution in the form of a conservation assessment in the preservation of a conservation assessment in the final property and preservation of a conservation assessment in conservation easements included in (a)  1 Total number of conservation easements included in (a) a certification of a conservation assessment in conservation easements included in (a)  1 Total number of conservation easements included in (a) a certification of a conservation of a conservation easement in conservation easements included in (a)  2 Number of conservation easements included in (a) a certification of a conservation easements included in (a) a certification of a conservation easements included in (a) a certification of a conservation easements included in (a) a certification of a conservation easements in c	Par	rt I Organizations Maintaining Donor Advised Funds or Other	Similar Funds o	r Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and of year 5 Did the organization is properly, subject to the organization's exclusive legal control? 6 Did the organization is properly, subject to the organization's exclusive legal control? 7 Event and organization in properly subject to the organization's exclusive legal control? 8 Did the organization in properly subject to the organization's exclusive legal control? 9 Did the organization in properly subject to the organization's exclusive legal control? 9 Did the organization in properly subject to the organization or donor advisor, or for any other purpose conferring importance benefit? 9 Part III Conservation Easements. Complete if the organization naswered "Yes" on Form 980, Part IV, line 7. 1 Purposelg) of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat 1 Preservation or of part public use (for example, recreation or education) Preservation of a conservation easement on the last Preservation or of a conservation easements and the subject of the tax year. 2 Total number of conservation easements in a certified historic structure included in (a) 2 Part all acreage restricted by conservation easements in a certified historic structure included in (a) 2 Part all acreage restricted by conservation easements in an entified historic structure included in (a) 2 Part all acreage restricted by conservation easements in an entified historic structure included in (a) 2 Part all acreage restricted by conservation easements in an entified historic structure included in (a) 2 Part all acreage restricted by conservation easements in an entified historic structure included in (a) 2 Part all acreage restricted by conservation easements modified, transferred, released, extinguished, or t		organization answered "Yes" on Form 990, Part IV, line 6.		·
2 Aggregate value of contributions to (during year)  4 Aggregate value of and for for (during year)  5 Icit the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Dot the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?  1 Purpose(s) of conservation Easements. Complete if the organization (check all that apply).  2 Preservation of a part or public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of organization held a qualified conservation contribution in the form of a conservation easement or land or for the organization held a qualified conservation contribution in the form of a conservation easement or land or the preservation of conservation easements.  2 Description of conservation easements and the preservation of conservation easements and a certified historic structure included in (a) 2 de land the fad of the Tax Year 2 de land the fad of the Tax Year 3 historic structure listed by conservation easements in collection distories, and enforcement of conservation dearments modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 humber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 humber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 5 boos the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing		(a) Donor advis	sed funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year)  4 Aggregate value of and for for (during year)  5 Icit the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  6 Dot the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?  1 Purpose(s) of conservation Easements. Complete if the organization (check all that apply).  2 Preservation of a part or public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of organization held a qualified conservation contribution in the form of a conservation easement or land or for the organization held a qualified conservation contribution in the form of a conservation easement or land or the preservation of conservation easements.  2 Description of conservation easements and the preservation of conservation easements and a certified historic structure included in (a) 2 de land the fad of the Tax Year 2 de land the fad of the Tax Year 3 historic structure listed by conservation easements in collection distories, and enforcement of conservation dearments modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 humber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 humber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 5 boos the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing	1	Total number at end of year		
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermisable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space  2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Total number of conservation easements.  3 Total number of conservation easements in conservation easements.  4 Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure included in (a) 2cc donor conservation easements mental ending the conservation easements included in (c) acquired after July 25,2006, and not on a historic structure included in (a) 1 Number of conservation easements mental ending the tax year 2d Number of conservation easements mental ending the surface of conservation easements included in (a) 2cc donor ending the surface of the conservation easements in the foliation of violations, and enforcing conservation easements in the foliation of violations, and enforcing conservation easements during the year 3 Number of states where property subject to conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization, and enforcing conservation easements during the year 3 Does each conservation easement reported on line 2(d) above satisfy the requireme	2			
5 Did the organization informal idonors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organizations (souther) subject to the organization informal ill grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors, or for any other purpose conferring impermissible private benefits of the benefit of the donor or donor advisors, or for any other purpose conferring impermissible private benefits of the benefit of the donor or donor advisors, or for any other purpose conferring impermissible private benefits of the organization answered "Yes" or Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements. Complete if the organization answered "Yes" or Form 990, Part IV, line 7.  1 Purpose(s) of conservation of a land for public use (for example, recreation or education)   Preservation of a historically important land area   Preservation of a land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of a certified historic structure   Preservation of a conservation easement on the last day of the tax year.  a Total number of conservation easements   20	3	Aggregate value of grants from (during year)		
are the organization's property, subject to the organization's exclusive legal control?	4	Aggregate value at end of year		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Purposely of conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purposely of conservation easements held by the organization check at line apply.   Preservation of land for public use (for example, recreation or education)	5	Did the organization inform all donors and donor advisors in writing that the assets h	neld in donor advised	funds
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impromissible prizate benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of a historically important land area   Protection of natural habitat   Protection of natural habitat   Preservation of a preservation of a conservation easement on the last day of the tax year.  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 Total number of conservation easements   Preservation easements   Preservation of a conservation easement on the last day of the tax year.  4 Total acreage restricted by conservation easements   Preservation   Preservation easements   Preservation		are the organization's property, subject to the organization's exclusive legal control?	?	Yes No
Impormisable private benefit?	6	Did the organization inform all grantees, donors, and donor advisors in writing that $\varrho$	grant funds can be us	sed only
Part II   Conservation Easements . Complete if the organization answered "Ves" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of and for public use (for example, recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space   Preservation of open space   Preservation of open space   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.  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 Total number of conservation easements   2a   Preservation easements   2a   Preservation easements   Preservation   Preservation		for charitable purposes and not for the benefit of the donor or donor advisor, or for a	any other purpose co	onferring
Preservation or land for public use (for example, recreation or education) Preservation or land for public use (for example, recreation or education) Preservation of a historically important land area Pretection of natural habitat Preservation of open space 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.  I total number of conservation easements Total number of conservation easements Total acreage restricted by conservation easements Total number of conservation easements on a certified historic structure included in (a) Perservation easements on a certified historic structure included in (a) Perservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E)(6)  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet works of art, historical treasures,				
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space  2 Complete lines 2 a 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held f	Par			art IV, line 7.
Preservation of natural habitat Preservation of poen space Preservation of open space Preservation of open space Preservation of open space Preservation of poen space Preservation of poen space Preservation easement on the last day of the tax year.  a Total number of conservation easements b Total acreage restricted by conservation easements	1			
Preservation of open space			_	
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.  1 Total number of conservation easements 2 a b Total acreage restricted by conservation easements 2 a c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements on a certified historic structure included in (a) 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? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? I part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the fat IVII the text of the footnote to the financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exh			Preservation of a	certified historic structure
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (6) acquired after July 25,2006, and not on a historic structure instead in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year				
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  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?  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements in lots?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  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)?  Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of	2		bution in the form of	
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d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  Number of states where property subject to conservation easement is located  No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Part III of part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III organization and include, organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part XI		•		
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3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	u			34
Vear	2			
Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part XII, line 1  (ii) Assets included in Form 990, Part XII, line 1  (iii) Assets included on Form 990, Part VIII, line 1  (iii) Assets included in Form 990, Part VIII, line 1  (iii) Assets	3		terminated by the o	rganization during the tax
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<b>b</b> Assets included in Form 990, Part X \$	_			<b>¢</b>

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Par	rt III   Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	asures, o	r Othe	r Simi	lar Asset	s (contii	าued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the f	following that	make si	ignifica	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	•	d 💹 i	Loan or exc	hange progra	am					
b	Scholarly research	•	e (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exer	npt pur	pose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arran		lete if the	organizatio	n answered "	'Yes" on	Form 9	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	•									
1a	Is the organization an agent, trustee, custodi		•					_	_		_
	on Form 990, Part X?							L	_ Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:							
									Amoun	<u>t                                    </u>	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance							f	7	_	7
	Did the organization include an amount on F	·					ity?	L	_ Yes	늗	∐ No
	If "Yes," explain the arrangement in Part XIII.  rt V Endowment Funds. Complete										
Fai	rt V Endowment Funds. Complete							no vooro book	(a) Four		hook
_		(a) Current year	(B) P	rior year	(c) Two year	S Dack	(a) 1111	ee years back	( <b>e)</b> Fou	years	Dack
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		/!:		\						
2	Provide the estimated percentage of the curr			j, column (a)	)) neid as:						
a	Board designated or quasi-endowment		%								
D	Permanent endowment	% %									
C	Term endowment  The percentages on lines 2a, 2b, and 2c sho	,* =									
20	Are there endowment funds not in the posse		ation that	t are hold ar	nd administar	ad for th					
Ja	organization by:	SSION OF THE ORGANIZ	alion ina	i are rielu ar	iu auministei	eu ioi tii	i <del>c</del>			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		$\vdash$
h	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	rt VI Land, Buildings, and Equipm		JWIIIOIIL I	arido.							
	Complete if the organization answere		0, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumu	ated	(d) Boo	k valu	
	Becomplian of property	basis (invest		٠,	(other)	٠,	preciati		(u) 200	it valu	
	Land	<u> </u>	,		. ,						
	Buildings			1.75	0,176.		231	455.	1,51	8.7	21.
	Leasehold improvements			_,.5	., • •	•	/		_,		
	Equipment			9	8,283.		71.	480.	2	6,8	03.
	Other				3,014.			014.			0.
	Add lines 1a through 1e (Column (d) must a		V salum				- 1		1.54	5 5	24.

Schedule D (Form 990) 2022

DocuSign Envelope ID: 99AE8248-A713-4259-B214-75C82C7CC0D4 CONDUCTIVE EDUCATION CENTER OF ORLANDO, INC. 59-3711800 Page **3** Schedule D (Form 990) 2022 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2) (3) (4)(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	RIGHT-OF-USE LIABILITY	115,573.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	115,573.

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

Schedule D (Form 990) 2022

	CONDUCTIVE EDUCATION CENTE	ER OF			
	dule D (Form 990) 2022 ORLANDO, INC.			59-3	3711800 <sub>Page</sub> <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		1 1	0 544 005
1				1	2,744,097.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		218.		
b	Donated services and use of facilities	2b	145,215.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	135,024.		
е	Add lines 2a through 2d			2e	280,457.
3	Subtract line 2e from line 1			3	2,463,640.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			5	2,463,640.
	t XII   Reconciliation of Expenses per Audited Financial Staten			Returr	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	2,417,083.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	145,215.		
b	Prior year adjustments				
C	Other losses			1	
	Other (Describe in Part XIII.)		135,024.	1	
			-	2e	280,239.
_	Add lines 2a through 2d			3	2,136,844.
3	Subtract line 2e from line 1			3	2,130,044.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)				0
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  TXIII Supplemental Information.			5	2,136,844.
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	•		; Part X	(, line 2; Part XI,
PAI	RT X, LINE 2:				
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCO	ME TAX	ES UNDER SE	CTIC	ON
<u>501</u>	(C)(3) OF THE INTERNAL REVENUE CODE AND I	S BEING	G TREATED A	S A	PUBLICLY
SUI	PPORTED ORGANIZATION (NOT AS A PRIVATE FOU	NDATIO	N).		
יוויי	ORGANIZATION FOLLOWS THE INCOME TAX STAN	תמעטו	OR TINCERTAT	וא יידי	7 X
	SITIONS. THE ORGANIZATION HAS EVALUATED TH				
DEG	PERMINED THEY HAVE NO UNCERTAIN TAX POSITI	ONS AS	OF JIII.V 31	2.0	123 AND

POSITIONS. THE ORGANIZATION HAS EVALUATED THEIR TAX POSITIONS AND

DETERMINED THEY HAVE NO UNCERTAIN TAX POSITIONS AS OF JULY 31, 2023 AND

2022. SHOULD THE ORGANIZATION'S TAX-EXEMPT STATUS BE CHALLENGED IN THE

FUTURE, THE ORGANIZATION'S 2021, 2022, AND 2023 TAX YEARS ARE OPEN FOR

EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS").

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ORLANDO, INC.  Part XIII Supplemental Information (continued)	59-3711800 Page 5
Part XIII   Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES REPORTED ON THE REVENUE PAGE	135,024.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES REPORTED ON THE REVENUE PAGE	135,024.

#### **SCHEDULE E**

(Form 990)

Dovt I

Department of the Treasury Internal Revenue Service

### **Schools**

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CONDUCTIVE EDUCATION CENTER OF ORLANDO, INC.

 $Employer\ identification\ number \\ 59-3711800$ 

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
}	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general		7.7	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II  NONDISCRIMINATORY POLICIES ARE INDICATED ON THE	3	X	
	ORGANIZATION'S WEBSITE AND ON PRINTED MATERIAL IN ITS			
	ENROLLMENT PACKAGE.			
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?	5d		Х
	Educational policies?	5e		Х
	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
				v
ìа	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	6a 6b		X
	, , , , , , , , , , , , , , , , , , , ,			
b	Has the organization's right to such aid ever been revoked or suspended?			
	Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" on either line 6a or line 6b, explain on Part II.			

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

Schedule E (Form 990) 2022

Schedule E	(Form 990) 2022	ORLANDO,	INC.	59-3711800	Page 2
Part II	(Form 990) 2022 Supplemental Infor	mation. Provide	the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, a	19	<u> </u>
		ny other additional	I information. See instructions.	.0	
	applicable. Also provide a	iny other additional	i information. Occ instructions.		
-					

232062 10-18-22 Schedule E (Form 990) 2022

#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Attach to Form 990 or Form 990-EZ. Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. CONDUCTIVE EDUCATION CENTER OF

Employer identification number

Name of the organization CONDUCT ORLANDO	IVE EDUCATION CENT	ER (	F		Employer id 59 – 3711	entification number
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, li		
required to complete this par  1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the solicitation of the solicitations where the solicitations of the solicit	eed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	Ye	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(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			
Total  3 List all states in which the organization or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is exempt from r	egistration

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022

ORLANDO, INC.

59-3711800 Page 2

Pa	ırt l	Fundraising Events. Complete if the of fundraising event contributions and gr						
_		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	T .		
			GOLF		( )	(d) Total events (add col. (a) through		
			TOURNAMENT	CECO SOCIAL	1	col. (c))		
ē			(event type)	(event type)	(total number)	55 ( <b>6</b> )/		
Revenue	1	Gross receipts	178,745.	231,008.	18,746.	428,499.		
	2	Less: Contributions	167,645.	225,664.	18,746.	412,055.		
	3	Gross income (line 1 minus line 2)	11,100.	5,344.		16,444.		
	4	Cash prizes						
õ	5	Noncash prizes	12,689.	37,494.		50,183.		
sued	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	38,630.	27,024.		65,654.		
	8	Entertainment		1,250.		1,250.		
	9	Other direct expenses		1,250. 11,454.	6,483.	1,250. 17,937.		
	10					135,024.		
_	11	1				-118,580.		
Pa	irt i		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than			
_		\$15,000 on Form 990-EZ, line 6a.	1	(L.) Dull tabe (instant		( 1) Tatal manaina ( /a dal		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
_	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes % No	Yes % No			
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)					
	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?  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:							
	_	VAT 00			Oati	dula C /Earry 200\ 2000		
2320	32 10	)-27-22			Sche	dule G (Form 990) 2022		

Sch	edule G (Form 990) 2022	ORLANDO,	INC.		59-3711800	Page 3
11	Does the organization conduct ga	ming activities with	nonmembers?		Yes	No No
				of a partnership or other entity formed		
					Yes	No
40					163	140
	Indicate the percentage of gaming				ا مرا	
						<u>%</u>
						<u>%</u>
14	Enter the name and address of the	e person who prepa	ares the organization's	gaming/special events books and record	rds:	
	Name					
	Address					
15.	Doos the organization have a cont	tract with a third pa	arty from whom the ora	anization receives gaming revenue?	Yes	No
136	Does the organization have a cont	iraci wiiira iriiiu pa	arty from whom the org	anization receives garring revenue?	103	140
_				•		
k	If "Yes," enter the amount of gami			\$ and the ar	nount	
	of gaming revenue retained by the	third party \$ _				
(	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	□ 5:	□ <b>-</b> .	□			
	Director/officer	Employee	indepe	ndent 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	L No
k	Enter the amount of distributions i	required under stat	e law to be distributed	to other exempt organizations or spent	in the	
	organization's own exempt activiti	ies during the tax v	ear \$	. •		
Pa				red by Part I, line 2b, columns (iii) and (v	): and Part III, lines 9, 9	b. 10b.
				formation. See instructions.	,, a a a ,	,,
	100, 100, 10, 414 175, 40	аррисавіс. 7 1100 рі	ovide any additional in	Torridation. God instructions.		
_						
_						
_						
_						
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_						

	CONDUCTIVE EDUCATION CENTER OF	50 0511000
Schedule G (Form 990) Part IV Supplemental In	ORLANDO, INC.	59-3711800 Page 4
Part IV Supplemental in	Tormation (continued)	

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization CONDUCTIVE EDUCATION CENTER OF ORLANDO, INC.

Employer identification number 59-3711800

Par	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Closely field stock Securities - Partnership, LLC, or							
"								
40	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	***							
15	Real estate - Residential							
16								
17								
18								
19	/							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		101	40.550				
25	Other ( AUCTION ITEMS )	X	104		COMPARABLE			
26	Other ( SCHOOL SUPPLIES )	X	2	3,700.	COMPARABLE	SALE	ES I	PRI
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization	ation during	the tax year for c	ontributions			_	
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement <b>29</b>			0	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it			
	must hold for at least 3 years from the date of the	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	<b>b</b> If "Yes," describe the arrangement in Part II.							
31								Х
32a	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?							X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,			
	describe in Part II.				<u> </u>			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022	ORLANDO,	INC.	59-3711800	Page 2
Part II	Supplemental	Information.	Provide the information required by Part I, lines 30b, 32b, number of contributions, the number of items received, o	and 33, and whether the organizat	tion
	is reporting in Part	t I, column (b), the	number of contributions, the number of items received, o	or a combination of both. Also comp	olete
	this part for any ac	dditional information	on.		

232142 09-09-22

**SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CONDUCTIVE EDUCATION CENTER OF ORLANDO, INC.

**Employer identification number** 59-3711800

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION, A HOLISTIC INDIVIDUALIZED PROGRAM INCORPORATING PHYSICAL, SOCIAL, AND EDUCATIONAL ELEMENTS IN A GROUP SETTING. CECO OFFERS PROGRAMS THAT ADDRESS THE UNMET ACADEMIC AND THERAPEUTIC NEEDS OF CHILDREN WITH MOTOR DISABILITIES BY PROVIDING SEVERAL PROGRAMS,  ${ t ALL}$ WHICH FOCUS ON INTEGRATING MOTOR THERAPY INTO A LIFE-SKILLS BUILDING CURRICULUM TO INCREASE THE INDEPENDENCE OF CHILDREN WITH MOTOR DISABILITIES.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE WITH SIX MEMBERS ASSISTS THE LEADERSHIP OF CECO IN IMPLEMENTATION, AND MONITORING OF THE ORGANIZATION'S THE CREATION, STRATEGIC PLAN IN ORDER TO ENHANCE THE MISSION AND VISION.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP - JOE RAYMOND AND VICKY RAYMOND

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

THE FINANCE COMMITTEE REVIEWS ALL AUDIT AND TAX FILING PREPARATION AND OFFERS AN ANALYSIS TO THE BOARD. THE BOARD REVIEWS AT THE FOLLOWING MEETING AND APPROVES SUCH DOCUMENTS AS DEEMED PROPER BEFORE FILING WITH THE IRS.

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

THE PURPOSE OF THE CECO'S CONFLICT OF INTEREST POLICY IS TO ESTABLISH THE PROCEDURES APPLICABLE TO THE IDENTIFICATION AND RESOLUTION OF CONFLICTS OF

INTEREST IN THE CONTEXT OF TRANSACTIONS OR ARRANGEMENTS ENTERED INTO BY

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization CONDUCTIVE EDUCATION CENTER OF ORLANDO, INC.	Employer identification number 59-3711800
CECO WHERE AN INTERESTED PERSON MAY HAVE A FINANCIAL INTER	EST IN OR
FIDUCIARY RESPONSIBILITY TOWARDS AN INDIVIDUAL OR ENTITY W	ITH WHICH CECO IS
NEGOTIATING A TRANSACTION OR ARRANGEMENT. THE DETERMINATI	ON THAT A
CONFLICT OF INTEREST EXISTS DOES NOT PROHIBIT THE CECO FROM	M ENTERING INTO
THE PROPOSED TRANSACTION OR ARRANGEMENT PROVIDED THAT THE	PROCEDURES SET
FORTH BELOW ARE FOLLOWED. THIS POLICY IS INTENDED TO SUPP	LEMENT BUT NOT
REPLACE ANY APPLICABLE STATE LAWS GOVERNING CONFLICTS OF I	NTEREST
APPLICABLE TO NONPROFIT AND CHARITABLE CORPORATIONS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ADMINISTRATION OF WAGES AND SALARIES FUNCTIONS FOR THE	EXECUTIVE
DIRECTOR IS UNDER THE DIRECTION OF THE BOARD OF DIRECTORS	AND THE BOARD
PRESIDENT OF THE ORGANIZATION. IN REVIEWING THE WAGE STRU	CTURE,
CONSIDERATION IS GIVEN TO THE PREVAILING RATES FOR COMPARA	BLE WORK IN THE
ORLANDO AREA, THE CURRENT COST OF LIVING, SALARY LEVELS OF	RELATED
ORGANIZATIONS, AND THE ECONOMIC CONDITION OF THE SCHOOL.	
EODW 000 DADE UT GEGETON G. LINE 10.	
FORM 990, PART VI, SECTION C, LINE 19:	
CONDUCTIVE EDUCATION CENTER OF ORLANDO MAKES ITS GOVERNING	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST	AND ON CENTRAL
FLORIDA FOUNDATION'S WEBSITE THROUGH GUIDESTAR.	