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AS AMENDED

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Header section A-M containing organization name (COLORADO UPLIFT, INC.), EIN (84-0889330), address (3914 KING STREET, DENVER, CO 80211), and other identifying information.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement; 2-7. Governance and membership statistics; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets and fund balances.

Part II Signature Block

Signature block containing signatures of David Dye (Chief Operating Officer) and Y. McCutchen (Preparer), along with their titles and contact information.

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

SCANNED JUL 30 2010

Handwritten notations: 615/10, 6/10/10, and 915 13

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: BUILDING LONG-TERM, LIFE-CHANGING RELATIONSHIPS WITH URBAN YOUTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,211,137. including grants of \$ 0.) (Revenue \$ 0.) DEVELOPING LIFE-CHANGING RELATIONSHIPS WITH ECONOMICALLY DISADVANTAGED AND AT-RISK URBAN YOUTH BY TEACHING CHARACTER, LEADERSHIP AND LIFE SKILLS FOR SUCCESS AND OFFERING ACTIVITIES THAT DEVELOP LEADERSHIP AND TEAMWORK.

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

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

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

4e Total program service expenses \$ 3,211,137. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No responses. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a Enter the number of voting members of the governing body	1a	93	
b Enter the number of voting members that are independent	1b	93	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9a Does the organization have local chapters, branches, or affiliates?	9a		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X

Section B. Policies

		Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13 Does the organization have a written whistleblower policy?	13		X
14 Does the organization have a written document retention and destruction policy?	14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a The organization's CEO, Executive Director, or top management official?	15a	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
BRIAN STAMER - (303)830-6615
3914 KING STREET, DENVER, CO 80211

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. KENT HUTCHESON PROGRAM DIRECTOR	40.00	X		X				75,108.	0.	0.
MIKE PAINTER PRESIDENT	40.00	X		X				144,009.	0.	33,663.
KEVIN ALLEN DIRECTOR	1.00	X						0.	0.	0.
JOHN ANDREWS DIRECTOR	1.00	X						0.	0.	0.
MARY ANSTINE DIRECTOR	1.00	X						0.	0.	0.
JOE BAGAN DIRECTOR	1.00	X						0.	0.	0.
MICHAEL BALLER DIRECTOR	1.00	X						0.	0.	0.
ROBERT BARBEE DIRECTOR	1.00	X						0.	0.	0.
STEPHEN BARNETT DIRECTOR	1.00	X						0.	0.	0.
STEPHEN BELL DIRECTOR	1.00	X						0.	0.	0.
RANDALL BELLOWS DIRECTOR	1.00	X						0.	0.	0.
JEFFREY BENNIS DIRECTOR	1.00	X						0.	0.	0.
BRUCE BENSON DIRECTOR	1.00	X						0.	0.	0.
JERRY BERGLUND DIRECTOR	1.00	X						0.	0.	0.
MARTY BERGLUND DIRECTOR	1.00	X						0.	0.	0.
HORST BERGMANN DIRECTOR	1.00	X						0.	0.	0.
MAC BLOUNT DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOUG BONNETTE DIRECTOR	1.00	X						0.	0.	0.
MARK BROWN DIRECTOR	1.00	X						0.	0.	0.
ROD BUSCHER DIRECTOR	1.00	X						0.	0.	0.
VISDA CARSON DIRECTOR	1.00	X						0.	0.	0.
DANIEL CARUSO DIRECTOR	1.00	X						0.	0.	0.
DAVE CICCHINELLI DIRECTOR	1.00	X						0.	0.	0.
JAMES CLEARY, III DIRECTOR	1.00	X						0.	0.	0.
WANDA COLBURN DIRECTOR	1.00	X						0.	0.	0.
MARILYN COORS DIRECTOR	1.00	X						0.	0.	0.
SCOTT COUSINO DIRECTOR	1.00	X						0.	0.	0.
1b Total								489,913.	0.	88,795.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	320,775.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,644,460.				
	g Noncash contributions included in lines 1a-1f \$		72,478.				
	h Total. Add lines 1a-1f		4965235.				
	Business Code:						
	Program Service Revenue	2 a					
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		83,066.			83,066.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 320,775. of contributions reported on line 1c). See Part IV, line 18	a		52,625.			
		b Less direct expenses		74,510.			
		c Net income or (loss) from fundraising events		<21,885.>			<21,885.>
	9 a Gross income from gaming activities See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue							
Business Code:							
11 a	a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			5026416.	0.	0.	61,181.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	40,420.	40,420.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	560,477.	365,970.	109,494.	85,013.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,519,351.	1,332,935.	91,073.	95,343.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,551.	34,653.	1,522.	1,376.
9 Other employee benefits	415,082.	351,311.	35,026.	28,745.
10 Payroll taxes	140,109.	116,290.	12,610.	11,209.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	43,524.		43,524.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	77,500.			77,500.
12 Advertising and promotion	44,758.	23,844.	4,217.	16,697.
13 Office expenses	18,200.	15,106.	1,638.	1,456.
14 Information technology	86,285.	74,005.	8,107.	4,173.
15 Royalties				
16 Occupancy	60,490.	50,207.	5,444.	4,839.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,754.	11,003.	2,751.	
20 Interest	1,582.		1,582.	
21 Payments to affiliates	29,121.	29,121.		
22 Depreciation, depletion, and amortization	166,810.	138,452.	15,013.	13,345.
23 Insurance	26,382.	24,272.	1,055.	1,055.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a STAFF EDUCATION & ASSIS	271,597.	262,832.	4,640.	4,125.
b PARTICIPANT TRANSPORTAT	186,982.	180,941.	0.	6,041.
c UPLIFT GUILD EXPENSES	120,292.	117,852.		2,440.
d MISCELLANEOUS	57,309.	41,923.	2,737.	12,649.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,917,576.	3,211,137.	340,433.	366,006.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,534,275.	1	3,260,932.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	164,650.	3	774,066.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,493.	9	32,615.
	10a Land, buildings, and equipment: cost basis	1,797,985.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	421,439.	1,469,064.	10c 1,376,546.
	11 Investments - publicly traded securities	610,547.	11	467,769.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,785,029.	16	5,911,928.	
Liabilities	17 Accounts payable and accrued expenses	49,019.	17	87,926.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,720.	23	5,302.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	58,739.	26	93,228.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,646,251.	27	4,309,292.
	28 Temporarily restricted net assets	80,039.	28	1,056,799.
	29 Permanently restricted net assets		29	452,609.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,726,290.	33	5,818,700.	
34 Total liabilities and net assets/fund balances	4,785,029.	34	5,911,928.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **COLORADO UPLIFT, INC.** Employer identification number **84-0889330**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,331,784.	3,497,169.	3,733,272.	4,040,881.	4,965,235.	20,568,341.
2 Tax revenues levied for the organization'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 - 3	4,331,784.	3,497,169.	3,733,272.	4,040,881.	4,965,235.	20,568,341.
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)						1,717,942.
6 Public Support. Subtract line 5 from line 4						18,850,399.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	4,331,784.	3,497,169.	3,733,272.	4,040,881.	4,965,235.	20,568,341.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,149.	41,465.	71,938.	102,652.	83,066.	314,270.
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 IV.)						
11 Total support. Add lines 7 through 10						20,882,611.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	90.27 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.89 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

AS AMENDED

Schedule D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

COLORADO UPLIFT, INC.

Employer identification number

84-0889330

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... (Yes/No), 6 Did the organization inform all grantees...

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution... 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 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? (Yes/No) 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No) 9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	551,432.				
b Contributions	686.				
c Investment earnings or losses	<116,916.>				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	435,202.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 0.00 %
- b Permanent endowment ▶ 100.00 %
- c Term endowment ▶ 0.00 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)	X	
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		695,668.	62,432.	633,236.
c Leasehold improvements		349,173.	51,496.	297,677.
d Equipment		219,193.	123,430.	95,763.
e Other		533,951.	184,081.	349,870.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,376,546.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives and other financial products, Closely-held equity interests, and Other.

Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows include multiple blank entries for investment types.

Total. (Col (b) should equal Form 990, Part X, col (B) line 13) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include multiple blank entries for asset descriptions.

Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes and multiple blank entries for other liabilities.

Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,026,416.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	3,917,576.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,108,840.
4 Net unrealized gains (losses) on investments	4	<141,992.>
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	125,562.
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net). Add lines 4-8	9	<16,430.>
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,092,410.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements						4,884,424.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a Net unrealized gains on investments	2a	<141,992.>				
b Donated services and use of facilities	2b					
c Recoveries of prior year grants	2c					
d Other (Describe in Part XIV)	2d					
e Add lines 2a through 2d	2e				<141,992.>	
3 Subtract line 2e from line 1	3					5,026,416.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b Other (Describe in Part XIV)	4b					
c Add lines 4a and 4b	4c					0.
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5					5,026,416.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements						3,917,576.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a Donated services and use of facilities	2a					
b Prior year adjustments	2b					
c Losses reported on Form 990, Part IX, line 25	2c					
d Other (Describe in Part XIV)	2d					
e Add lines 2a through 2d	2e					0.
3 Subtract line 2e from line 1	3					3,917,576.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b Other (Describe in Part XIV)	4b					
c Add lines 4a and 4b	4c					0.
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5					3,917,576.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: ENDOWMENT FUND ASSETS ARE HELD IN PERPETUITY, THE INCOME FROM WHICH IS AVAILABLE TO BE APPROPRIATED FOR CURRENT OPERATIONS IN ACCORDANCE WITH THE ORGANIZATION'S SPENDING POLICY.

PART X: MANAGEMENT HAS ELECTED TO DEFER THE APPLICATION OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAIN TAX POSITIONS ("FIN 48"), IN ACCORDANCE WITH FASB STAFF POSITION ("FSP") FIN 48-3. UPLIFT WILL CONTINUE TO FOLLOW SFAS 5, ACCOUNTING FOR CONTINGENCIES, UNTIL IT ADOPTS

AS AMENDED

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization COLORADO UPLIFT, INC. Employer identification number 84-0889330

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Blank lines for listing states.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events NONE	(d) Total Events (Add col. (a) through col. (c))
		ANNUAL GALA (event type)	(event type)	(total number)	
	1 Gross receipts	373,400.			373,400.
	2 Less: Charitable contributions	320,775.			320,775.
	3 Gross revenue (line 1 minus line 2)	52,625.			52,625.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	71,010.			71,010.
	7 Other direct expenses	3,500.			3,500.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(74,510.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				<21,885.>

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

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				()

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate 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?
b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

a The organization's facility

b An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

Open to Public
Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Name of the organization

Employer identification number
84-0889330

COLORADO UPLIFT, INC.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

AS AMENDED

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMPLOYEE ASSISTANCE PROGRAM	1	6,800.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: EMPLOYEES NEEDING ASSISTANCE SCHEDULE A MEETING WITH THE CHIEF OPERATING OFFICER (COO) TO DISCUSS WHETHER THEY MAY BE A CANDIDATE FOR RECEIVING A GRANT FROM THE EMPLOYEE ASSISTANCE PROGRAM. THE COO CONDUCTS AN INTERVIEW WITH ALL CANDIDATES AND SELECTS RECIPIENTS ON A CASE BY CASE BASIS. IF APPROVED FOR ASSISTANCE, THE CANDIDATE BECOMES PARTY TO A CONTRACT WHICH OUTLINES THE PURPOSE AND SCOPE OF THE GRANT AND WHETHER IT WILL BE REPAID. THE CONTRACT IS SIGNED BY THE GRANT RECIPIENT AND THE COO. EACH YEAR, AN AMOUNT OF ASSISTANCE TO BE PAID IS APPROVED BY THE BUDGET COMMITTEE. A DESIGNATED MEMBER OF THE EXECUTIVE COMMITTEE

AS AMENDED

AS AMENDED

Part IV Supplemental Information

REVIEWS THE TRANSACTIONS POSTED TO THE ASSISTANCE ACCOUNT ON A QUARTERLY BASIS TO ENSURE FUNDS ARE BEING SPENT AS INTENDED AND ARE WITHIN BUDGET.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization

COLORADO UPLIFT, INC.

Employer identification number

84-0889330

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

COLORADO UPLIFT, INC.

Employer Identification number

84-0889330

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALEX CRANBERG DIRECTOR	1.00	X					0.	0.	0.	
KATHY EMMONS DIRECTOR	1.00	X					0.	0.	0.	
SAM FREEDMAN DIRECTOR	1.00	X					0.	0.	0.	
CHARLES GALLAGHER DIRECTOR	1.00	X					0.	0.	0.	
THOMAS GAMEL DIRECTOR	1.00	X					0.	0.	0.	
JOHN GART DIRECTOR	1.00	X					0.	0.	0.	
LARRY GRACE DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM GRAEBEL DIRECTOR	1.00	X					0.	0.	0.	
NEAL GROFF DIRECTOR	1.00	X					0.	0.	0.	
J. MARK GROSVENOR DIRECTOR	1.00	X					0.	0.	0.	
ANNE HALL DIRECTOR	1.00	X					0.	0.	0.	
LAUREL HAMMER DIRECTOR	1.00	X					0.	0.	0.	
THOMAS HARDY DIRECTOR	1.00	X					0.	0.	0.	
CLIFFORD HICKEY DIRECTOR	1.00	X					0.	0.	0.	
DAVE HUNTER DIRECTOR	1.00	X					0.	0.	0.	
STEPHEN JAMES DIRECTOR	1.00	X					0.	0.	0.	
JEFFREY JOHNSON DIRECTOR	1.00	X					0.	0.	0.	
DONALD KANY DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL KENNEDY DIRECTOR	1.00	X					0.	0.	0.	
ERIC KOEPLIN DIRECTOR	1.00	X					0.	0.	0.	

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

COLORADO UPLIFT, INC.

Employer Identification number

84-0889330

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM LAZZERI DIRECTOR	1.00	X						0.	0.	0.
MICHAEL LEEDE DIRECTOR	1.00	X						0.	0.	0.
RICHARD LEWIS DIRECTOR	1.00	X						0.	0.	0.
SCOTT LOWERY DIRECTOR	1.00	X						0.	0.	0.
ROBERT MALONE DIRECTOR	1.00	X						0.	0.	0.
RICHARD MCCLINTOCK DIRECTOR	1.00	X						0.	0.	0.
EDWARD MCLAUGHLIN DIRECTOR	1.00	X						0.	0.	0.
TED MILLICE DIRECTOR	1.00	X						0.	0.	0.
PETER MINDOCK DIRECTOR	1.00	X						0.	0.	0.
SCOTT MITCHELL DIRECTOR	1.00	X						0.	0.	0.
CHAZ MUELLER DIRECTOR	1.00	X						0.	0.	0.
SEAN MYERS DIRECTOR	1.00	X						0.	0.	0.
MICHAEL NELLIGAN DIRECTOR	1.00	X						0.	0.	0.
VICKI O'CONNOR DIRECTOR	1.00	X						0.	0.	0.
JOHN O'DORISIO, ESQ. DIRECTOR	1.00	X						0.	0.	0.
WILLIAM PAULS DIRECTOR	1.00	X						0.	0.	0.
MICHAEL PEEBLES DIRECTOR	1.00	X						0.	0.	0.
RICHARD PLUMRIDGE DIRECTOR	1.00	X						0.	0.	0.
ERIC POLLOCK DIRECTOR	1.00	X						0.	0.	0.
BENJAMIN RAINEY DIRECTOR	1.00	X						0.	0.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

AS AMENDED

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

COLORADO UPLIFT, INC.

Employer Identification number

84-0889330

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY RESSLER DIRECTOR	1.00	X					0.	0.	0.	
RICHARD RINEHART DIRECTOR	1.00	X					0.	0.	0.	
DONALD RINGSBY DIRECTOR	1.00	X					0.	0.	0.	
ELLEN ROBINSON DIRECTOR	1.00	X					0.	0.	0.	
RICHARD ROBINSON DIRECTOR	1.00	X					0.	0.	0.	
RICHARD SAUNDERS DIRECTOR	1.00	X					0.	0.	0.	
DARREL SCHMIDT DIRECTOR	1.00	X					0.	0.	0.	
JEFFREY SCHMITZ DIRECTOR	1.00	X					0.	0.	0.	
JON JAY SEAL DIRECTOR	1.00	X					0.	0.	0.	
GEORGE SHAW DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM SLIFER DIRECTOR	1.00	X					0.	0.	0.	
DEB SMITH DIRECTOR	1.00	X					0.	0.	0.	
MARK SMITH DIRECTOR	1.00	X					0.	0.	0.	
JOSH STEWART DIRECTOR	1.00	X					0.	0.	0.	
GREGORY SYMONS DIRECTOR	1.00	X					0.	0.	0.	
ROD THACKER DIRECTOR	1.00	X					0.	0.	0.	
ANTOINE TOFFA DIRECTOR	1.00	X					0.	0.	0.	
MARK VAN TINE DIRECTOR	1.00	X					0.	0.	0.	
JOSEPH WAGNER DIRECTOR	1.00	X					0.	0.	0.	
JAMES WALLACE DIRECTOR	1.00	X					0.	0.	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

COLORADO UPLIFT, INC.

Employer Identification number
84-0889330

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
JOYCE WILSON DIRECTOR	1.00	X					0.	0.	0.	
KAREN WOODS DIRECTOR	1.00	X					0.	0.	0.	
JIM BALLER CHIEF OPERATING OFFICER	40.00			X			113,419.	0.	31,105.	
DAVID DYE VP PROGRAMS	40.00			X			86,760.	0.	15,225.	
MIKE RILEY VP HUMAN RESOURCES	40.00			X			70,617.	0.	8,802.	

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

2008
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Inspection

▶ Attach to Form 990.

Name of the organization **COLORADO UPLIFT, INC.** Employer identification number **84-0889330**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X	1	10,217.	FAIR VALUE DIFFERENCE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	11,481.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	1	800.	FAIR MARKET VALUE
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>EVENT TICKETS</u>)	X	33	48,710.	FAIR MARKET VALUE
26	Other ▶ (<u>GIFT CARDS</u>)	X	2	1,170.	FAIR MARKET VALUE
27	Other ▶ (<u>OFFICE EQUIPM</u>)	X	1	100.	FAIR MARKET VALUE
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.	30a		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.	32a		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

COLORADO UPLIFT, INC.

Employer identification number

84-0889330

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

THE UPLIFT PROGRAM CONCENTRATES ON FOUR PROGRAM AREAS- IN-SCHOOL, AFTER-SCHOOL, ADVENTURE, AND POST-SECONDARY. UPLIFT WORKS TO ESTABLISH A MULTI-YEAR BOND OF INFLUENCE OVER THE LIFE OF EACH CHILD THAT PROVIDES HIM OR HER NEEDED SUPPORT.

FORM 990, PART VI, SECTION A, LINE 2: 1. JIM BALLER, CHIEF OPERATING OFFICER AND BOARD MEMBER, MICHAEL BALLER ARE BROTHERS.

2. BOARD MEMBERS MARTY AND JERRY BERGLUND HAVE A FAMILY RELATIONSHIP.

3. BOARD MEMBERS ROBERT BARBEE AND MIKE PEEBLES HAVE A FAMILY RELATIONSHIP.

4. BOARD MEMBERS VICKI O'CONNOR AND CHRIS REBICH HAVE A FAMILY RELATIONSHIP.

5. CHARLIE GALLAGHER AND MIKE KENNEDY HAVE BOTH A FAMILY AND BUSINESS RELATIONSHIP.

THE ABOVE RELATIONSHIPS DO NOT IMPAIR THE INDEPENDENCE OF ANY MEMBER, SINCE NEITHER THE MEMBER NOR RELATED PARTY WAS INVOLVED IN ANY TRANSACTION REPORTABLE ON SCHEDULE L.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE 990 WILL BE REVIEWED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE BEFORE FILING. THE EXECUTIVE COMMITTEE IS COMPRISED OF THOSE BOARD MEMBERS RESPONSIBLE FOR APPROVAL OF THE ORGANIZATION'S ACTIONS AND DECISIONS.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COMMITTEE MEETS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

AS AMENDED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

COLORADO UPLIFT, INC.

Employer identification number

84-0889330

TWICE ANNUALLY TO DETERMINE POLICY FOR COMPENSATION OF COLORADO UPLIFT'S OFFICERS AND KEY EMPLOYEES. THE COMMITTEE USES THE COLORADO NONPROFIT SALARY & BENEFITS SURVEY AND THE STANDARD THEY HAVE SET IN ORDER TO ATTRACT AND RETAIN WELL-QUALIFIED MANAGERS, IS TO SET COMPENSATION IN THE UPPER 25% AS STATED IN THE SURVEY. MINUTES ARE KEPT FROM EACH COMPENSATION COMMITTEE MEETING. THE COMPENSATION REVIEW WAS LAST CONDUCTED ON NOVEMBER 11, 2008.

FORM 990, PART VI, SECTION C, LINE 19: IN ADDITION TO BEING AVAILABLE UPON REQUEST, THE ORGANIZATION'S FORM 990, AUDITED FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS ARE AVAILABLE BY SCHEDULING A MEETING WITH THE MANAGER OF FINANCE.

FORM 990, PAGE 1, PART B, AMENDED RETURN

THE ORGANIZATION'S FORM 990 IS BEING AMENDED TO PROPERLY REPORT AND ALLOCATE OFFICER COMPENSATION ON SCHEDULE J, PAGE 2. ADDITIONALLY, ON 990 PAGE 1, PART II, MR. DAVID DYE HAS SIGNED THE AMENDED RETURN SINCE THE CHIEF OPERATING OFFICER WHO SIGNED THE ORIGINALLY FILED RETURN HAS RETIRED.

990 PAGE 6, SECTION B. POLICIES

THE ORGANIZATION CURRENTLY DOES NOT HAVE THE FOLLOWING WRITTEN POLICIES: CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT RETENTION AND DESTRUCTION. THE ORGANIZATION'S MANAGEMENT IS CURRENTLY DEVELOPING THESE POLICIES AND PLANS TO SUBMIT DRAFT WRITTEN POLICIES TO THE BOARD OF DIRECTORS FOR APPROVAL. THE PLANNED IMPLEMENTATION IS BEFORE THE END OF CALENDAR YEAR 2009.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

AS AMENDED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

COLORADO UPLIFT, INC.

Employer identification number

84-0889330

SCHEDULE D, PART XI, LINE 7:

DURING THE CURRENT YEAR, MANAGEMENT DETERMINED THAT CERTAIN PROMISES TO GIVE AT DECEMBER 31, 2007 HAD NOT BEEN RECORDED. ACCORDINGLY, PROMISES TO GIVE AND TEMPORARILY RESTRICTED NET ASSETS AT DECEMBER 31, 2007 HAVE BEEN INCREASED.

SCHEDULE M, QUESTION 31

ALTHOUGH THE ORGANIZATION HAS NOT ADOPTED A FORMAL GIFT ACCEPTANCE POLICY THAT REQUIRES THE REVIEW OF ANY NON-STANDARD CONTRIBUTIONS, A REVIEW OF SUCH CONTRIBUTIONS IS STILL CONDUCTED BY THE COO AND MANAGER OF FINANCE. THEY REVIEW WHETHER THE GIFT WILL FURTHER THE ORGANIZATION'S EXEMPT PURPOSE. THEY ALSO RESEARCH THE ABILITY OF THE POTENTIAL GIFT TO BE CONVERTED TO CASH. IF THE POTENTIAL GIFT DOES NOT SATISFY EITHER OF THESE TESTS, THE ORGANIZATION DOES NOT ACCEPT IT.

ORGANIZATION'S EXECUTIVE COMMITTEE

THE ORGANIZATION IS MANAGED BY AN EXECUTIVE COMMITTEE COMPRISED OF NOT FEWER THAN THREE NOR MORE THAN 20 PERSONS INCLUDING THE FOUNDER, THE CHAIRPERSON OF THE BOARD, THE PRESIDENT, AND ADDITIONAL MEMBERS THAT ARE NOMINATED BY THE NOMINATING COMMITTEE. MEMBERSHIP TO THE EXECUTIVE COMMITTEE IS FOR A TERM OF ONE YEAR. DURING THE 2008 TAX YEAR, ALL 15 MEMBERS OF THE EXECUTIVE COMMITTEE WERE ALSO MEMBERS OF THE GOVERNING BODY. THE EXECUTIVE COMMITTEE MANAGES THE ORGANIZATION BY OVERSEEING AND SUPERVISING THE OPERATION OF THE ORGANIZATION'S BUSINESS AND MAKING DECISIONS ON BEHALF OF THE ORGANIZATION.

AS AMENDED

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

COLORADO UPLIFT, INC.

Employer identification number

84-0889330

990 PAGE 10, PART IX, LINE 11G

THE ORGANIZATION PAID \$77,500 TO ONE INDIVIDUAL TO ASSIST WITH
MARKETING, AND IDENTIFYING INDIVIDUALS WHO MAY HAVE INTEREST IN
UPLIFT'S PROGRAM ACTIVITIES, AND ASSISTING MANAGEMENT IN ESTABLISHING
INITIAL CONTACT WITH THOSE INDIVIDUALS.