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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008**Open to Public Inspection**

A For the 2008 calendar year, or tax year beginning 7/1/2008 , and ending 6/30/2009	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C Name of organization SOUTHEAST UPLIFT NEIGHBORHOOD PROGRAM, INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 3534 SE MAIN ST City, town, or country State ZIP + 4 PORTLAND OR 97214-4263
Please use IRS label or print or type. See Specific Instructions.	D Employer identification number 93-0690723 E Telephone number 503-232-0010 F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☐ Cash ☒ Accrual
Other (specify) **▶**

I Website: **▶ www.southeastuplift.org****J** Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 744,624**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	471,816
	2 Program service revenue including government fees and contracts	2	262,612
	3 Membership dues and assessments	3	
	4 Investment income	4	390
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ Ins. Claim Settlement 4894 / Misc Income 4912)	8	9,806	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	744,624	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	313,052
	13 Professional fees and other payments to independent contractors	13	95,931
	14 Occupancy, rent, utilities, and maintenance	14	36,417
	15 Printing, publications, postage, and shipping	15	7,604
	16 Other expenses (describe ▶ STATEMENT # I)	16	286,834
	17 Total expenses. Add lines 10 through 16 ▶	17	739,838
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,786
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	396,168
20 Other changes in net assets or fund balances (attach explanation) ▶ Prior Period Adj	20	-4,518	
21 Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	396,436	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	112,385	68,923
23 Land and buildings	23	
24 Other assets (describe ▶ STATEMENT # II)	470,420	420,426
25 Total assets	582,805	489,349
26 Total liabilities (describe ▶ STATEMENT # III)	186,637	92,913
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	396,168	396,436

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

Form **990-EZ** (2008)

(HTA)

25 69

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

STATEMENT # IV

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 ORGANIZING, ADVOCACY, DIRECT SUPPORT: Assist residents and neighborhood associations in Southeast Portland to address livability issues in their neighborhoods.(Grants \$ 0) If this amount includes foreign grants, check here ▶ ☐**28a**

513,621

29 NEIGHBORHOOD PROJECT ASSISTANCE: Provides fiscal agent and organizational assistance to neighborhoods for various community projects(Grants \$ 0) If this amount includes foreign grants, check here ▶ ☐**29a**

93,052

30(Grants \$ 0) If this amount includes foreign grants, check here ▶ ☐**30a**

0

31 Other program services (attach schedule)(Grants \$ 0) If this amount includes foreign grants, check here ▶ ☐**31a**

0

32 Total program service expenses. (add lines 28a through 31a)**32**

606,673

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address			(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name	STATEMENT # IV	Str	Title			
City	ST	ZIP	Hr/WK	00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
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Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0
Name		Str	Title			
City	ST	ZIP	Hr/WK	.00	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . N/A 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 N/A 39a		
b Gross receipts, included on line 9, for public use of club facilities N/A 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed. ▶ OREGON		
42 a The books are in care of ▶ Name Anne Dufay Telephone no. ▶ 503-232-0010		
Located at ▶ 3534 SE Main St City Portland ST OR ZIP + 4 ▶ 97214-4263		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ ☐		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47** **48** **49a** **49b**
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **46** **47** **48** **49a** **49b**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **46** **47** **48** **49a** **49b**
- b** If "Yes," was the related organization(s) a section 527 organization? **46** **47** **48** **49a** **49b**
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str. _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str. _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str. _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str. _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str. _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Total number of other employees paid over \$100,000 ▶	0	0	0	0

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str. _____		
City _____ ST _____ ZIP _____		0
Name _____ Str. _____		
City _____ ST _____ ZIP _____		0
Name _____ Str. _____		
City _____ ST _____ ZIP _____		0
Name _____ Str. _____		
City _____ ST _____ ZIP _____		0
Name _____ Str. _____		
City _____ ST _____ ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶	0	0

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer Anne L. Dufay Date 5/17/2010

Type or print name and title Anne L. Dufay, Executive Director

Paid Preparer's Use Only Preparer's signature Nancy J Monaco Date 5/17/2010 Check if self-employed ☒ Preparer's Identifying Number (See instructions) P00094405

Firm's name (or yours if self-employed), address, and ZIP +4 NANCY J MONACO, LLC, EA # 00049789-EA EIN 2256 SE PARK AVE, MILWAUKIE, OR 97222-7999 Phone no 503-794-0550

May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☒ No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

SOUTHEAST UPLIFT NEIGHBORHOOD PROGRAM, INC

Employer identification number

93-0690723

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 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?
- (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? ☐

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

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 U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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".)	690,532	598,849	428,263	509,424	471,816	2,698,884
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	690,532	598,849	428,263	509,424	471,816	2,698,884
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.						2,698,884

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	690,532	598,849	428,263	509,424	471,816	2,698,884
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	1,914	1,386	943	390	4,633
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10.						2,703,517
12 Gross receipts from related activities, etc. (see instructions.)					12	334,720
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	99.83%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.90%
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. ▶ ☒		
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. ▶ ☐		
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. ▶ ☐		
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. ▶ ☐		
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. ▶ ☐		

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.)

N/A

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.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
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	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 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 ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area for supplemental information with horizontal dashed lines.

Part I, Line 16 (990-EZ) - Other Expenses

286,834

1	Travel, Meals and Entertainment	
	a Travel	1a 1,331
	b Total meals and entertainment	1b
2	Fundraising	2
3	From Form 4562 - Amortization	3
4	Hospitality, Meeting Expense	4 3,566
5	Professional Development	5 1,471
6	Small Equipment and maintenance	6 3,896
7	Interest	7 228
8	Supplies	8 21,993
9	Telephone, Internet, Email	9 4,335
10	Insurance	10 13,129
11	Depreciation (see STATEMENT # V)	11 23,180
12	Subscriptions, Memberships	12 943
13	Neighborhood Communications	13 24,999
14	Neighborhood Support	14 63,463
15	Portland Recycles Support	15 24,533
16	Program Hauling Fees	16 11,812
17	Advertising, Recruitment	17 434
18	Program Administration	18 85,316
19	Other Program Supplies	19 2,205
20		20
21		21
22		22
23	STATEMENT # I	23
24		24
25		25
26		26

Part II, Line 24 (990-EZ) - Other Assets		470,420	420,426
	Description	Beginning	End
1	Acct Receivable	6,697	13,943
2	Prepaid Expenses	34,875	815
3	Net Fixed Assets (see STATEMENT # V)	428,848	405,668
4			
5			
6			
7			
8			
9			
10			
11			
12			
13	STATEMENT # II		
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

186,637

92,913

Description		Beginning	End
1	Accounts Payable	86,308	17,813
2	Deferred Revenue	13,957	0
3	Mortgage	6,504	4,848
4	Funds held for others	79,868	70,252
5			
6			
7			
8	STATEMENT # III		
9			
10			

SOUTHEAST UPLIFT NEIGHBORHOOD PROGRAM, INC.**Form 990EZ - Tax Year 2008****Fiscal Year: 07/2008 - 06/2009****ID # 93-0690723****STATEMENT # IV****FORM 990EZ, Page 2, Part III: Primary Exempt Purpose:**

To assist the citizens and neighborhood associations of SE Portland to create communities which are livable, socially diverse, safe and vital.

FORM 990EZ, Page 2, Part IV: Officers, Directors, Key Employees:**NOTE: No director / board member receives compensation as a board member****The Executive Director is compensated as noted below****All officers can be reached c/o: 3534 SE Main St****Portland, OR 97214****Phone: 503-232-0010****Board of Directors List**

Name	Title	Avg Hrs per week	Compens.	Bene.Plan	Exp Acct	TOTAL
Marianne Colgrove	Chair	3 hours / week	0	0	0	0
Bryan Agee	Vice-Chair	3 hours / week	0	0	0	0
Pete Jacobsen	Treasurer	3 hours / week	0	0	0	0
Jeff West	Secretary	3 hours / week	0	0	0	0
Alison Starkey	Board Member	1 hour / week	0	0	0	0
Moshe Lenske	Board Member	1 hour / week	0	0	0	0
Alex Bassos	Board Member	1 hour / week	0	0	0	0
Paul Leistner	Board Member	1 hour / week	0	0	0	0
Kevin Moore	Board Member	1 hour / week	0	0	0	0
MJ Coe	Board Member	1 hour / week	0	0	0	0
Shirley Nacoste	Board Member	1 hour / week	0	0	0	0
April Burris	Board Member	1 hour / week	0	0	0	0
Roy Hartley	Board Member	1 hour / week	0	0	0	0
Dan Weiland	Board Member	1 hour / week	0	0	0	0
Lisa Laurenceau	Board Member	1 hour / week	0	0	0	0
John Noel	Board Member	1 hour / week	0	0	0	0
<u>Executive Director:</u>						
CeCe Hughley Noel		40 hours / wk	35,875	3,533	0	39408
Paula Manley		20 hours/wk	21,194	0	0	21,194

STATEMENT # IV

DEPRECIATION REPORT										SOUTHEAST UPLIFT NEIGHBORHOOD PROGRAM, INC.										ID # 93-0690723									
										Form 990EZ - Tax Year 2008																			
										Fiscal Year: 07/2008 - 06/2009										STATEMENT # V									

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☐ **Part II**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I for page 1.

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

Type or print Name of the organization	Name of Exempt Organization	Employer identification number
	Southeast Uplift Neighborhood Coalition, Inc.	59 0590723
	Number, street, and room or suite no. if a P.O. box, and instructions. 3534 SE Main St.	For IRS use only
City, town or post office, state and ZIP code. For a foreign address, see instructions.	Portland, OR 97214-4263, US	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990 ☐ Form 990-PF ☐ Form 1041-A ☐ Form 6069
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 4720 ☐ Form 8870
☒ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227

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

- The books are in the care of **Southeast Uplift Neighborhood Coalition**

Telephone No. **(503) 232-0010 x311** FAX No. **(503) 232-5265**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **2/15/2010** 20__
- 5 For calendar year **2008**, or other tax year beginning **7/1/2008** 20__ and ending **6/30/2009** 20__
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension: **We have just now completed an extensive review, with numerous corrections and changes, of our accounting system. This review was necessary to correct many serious errors by a previous accountant which were discovered during a recent management change. We are now ready to begin the process of filing our 990, but will not have it ready by February 15th.**

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

Signature and Verification

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

Signature

Title **Executive Director**Date **2/3/2010**

Form 8868 (Rev. 6-2009)

COPY