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Short Form Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

2009

Open to Public
Inspection

Under 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 \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable	Please use IRS label or print or type <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending See Specific Instructions.	C Name of organization UPLIFT SOLUTIONS INC.	D Employer identification number 94-3471934
		Number and street (or P O box, if mail is not delivered to street address) 700 DELSEA DRIVE	E Telephone number (856) 471-3000
		City or town, state or county, and ZIP + 4 WESTVILLE, NJ 08093	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.UPLIFTSOLUTIONS.ORG

J Tax-exempt status (check only one) - 501(c)(3) ► (insert no) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 202,618.

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	1 170,760.
2 Program service revenue including government fees and contracts	2	3
3 Membership dues and assessments	3	4 573.
4 Investment income	4 ATCH 4	5c
5 a Gross amount from sale of assets other than inventory	5a	6c
b Less cost or other basis and sales expenses	5b	7c
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		7,454.
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here . . . ►	6a 26,440.	8 4,845.
a Gross revenue (not including \$ 105,760. of contributions reported on line 1)	6b 18,986.	9 183,632.
b Less direct expenses other than fundraising expenses		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	ATCH 6	
7 a 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)		
8 Other revenue (describe ► ATCH 7)	8	10
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	11
10 Grants and similar amounts paid (attach schedule)	10	12 0.
11 Benefits paid to or for members	11	13 10,343.
12 Salaries, other compensation, and employee benefits	12	14
13 Professional fees and other payments to independent contractors	13	15
14 Occupancy, rent, utilities, and maintenance	14	16 4,644.
15 Printing, publications, postage, and shipping	15	17 14,987.
16 Other expenses (describe ► ATCH 8)	16	18 168,645.
17 Total expenses. Add lines 10 through 16	17	19
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	20
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)	21	21 168,645.
20 Other changes in net assets or fund balances (attach explanation)		
21 Net assets or fund balances at end of year. Combine lines 18 through 20		
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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 ATCH 9	22	166,105.
23 Land and buildings	23	
24 Other assets (describe ► ATCH 10)	24	5,200.
25 Total assets	25	171,305.
26 Total liabilities (describe ► ATCH 11)	26	2,660.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	168,645.

99,10

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

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 why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file **Form 1120-POL** for this year?

38a 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 outstanding at the end of the period covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved.

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

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

41 List the states with which a copy of this return is filed. ► **NJ, PA,**

42a The organization's books are in care of ► **ORGANIZATION** Telephone no ► **856-471-3000**
Located at ► **700 DELSEA DRIVE WESTVILLE, NJ** ZIP + 4 ► **08093**

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)?
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.?
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**

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

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

	Yes	No
33	X	
34	X	
35a	X	
35b		
36	X	
37b	X	
38a	X	
38b		
39a		
39b		
40b	X	
40e	X	

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No 48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a

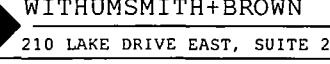
b If "Yes," was the related organization a section 527 organization? Yes No 49b

50 Complete this table for the organization's 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
NONE				
f Total number of other employees paid over \$100,000 ► NONE				

51 Complete this table for the organization's 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
NONE		
d Total number of other independent contractors receiving over \$100,000 ► NONE		

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			
		Date 6/25/10		
	► Signature of officer			
	► <u>Samuel Krieg, Treasurer</u>			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 6/24/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) P00991844
	Firm's name (or yours if self-employed), address, and ZIP + 4 	WITHUMSMITH+BROWN 210 LAKE DRIVE EAST, SUITE 210 CHERRY HILL, NJ 08002	EIN 22-2027092	Phone no 856-321-3177
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-EZ (2009)

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

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Name of the organization

UPLIFT SOLUTIONS INC.

Employer identification number

94-3471934

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 (For lines 1 through 11, check only one box)

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).
 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).
 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?

h Provide the following information about the supported organization(s).

(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									

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

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					178,214	178,214
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 through 3					178,214	178,214
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						178,214

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4					178,214	178,214
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					573	573
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						178,787
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 ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 type="checkbox"/>		
b 33 1/3% support test - 2008. 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 - 2009. 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 - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests - 2008. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

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

	(a) Event #1 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	132,200.			132,200.
2 Less Charitable contributions	105,760.			105,760.
3 Gross income (line 1 minus line 2)	26,440.			26,440.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	9,716.			9,716.
7 Food and beverages	9,270.			9,270.
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary Add lines 4 through 9 in column (d)				► (18,986.)
11 Net income summary Combine line 3, column (d), and line 10				► 7,454.

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► ()
8 Net gaming income summary Combine line 1, column d, and line 7				►

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:

10 a 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	

	Yes	No
13 Indicate the percentage of gaming activity operated in	13a	%
a The organization's facility	13b	%
14 Enter 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 of the third party		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17 Mandatory distributions	17a	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

ATTACHMENT 4FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
INTEREST INCOME	573.
TOTAL	<u>573.</u>

ATTACHMENT 5FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GOLF OUTING	105,760.
TOTAL	<u>105,760.</u>

ATTACHMENT 6

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLF OUTING	26,440.	18,986.	7,454.
TOTALS	<u>26,440.</u>	<u>18,986.</u>	<u>7,454.</u>

ATTACHMENT 7

FORM 990EZ, PART I - OTHER REVENUE

DONATED SERVICES	4,845.
TOTALS	<u>4,845.</u>

ATTACHMENT 8FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	2,311.
INSURANCE	782.
WEBSITE FEES	160.
SET UP FEES	1,366.
NJ-TAXES	25.
 TOTAL	 <u>4,644.</u>

ATTACHMENT 9FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>END OF YEAR</u>
CASH	166,105.
TOTALS	<u>166,105.</u>

ATTACHMENT 10FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>END OF YEAR</u>
PLEDGES RECEIVABLE	5,200.
TOTALS	<u>5,200.</u>

ATTACHMENT 11FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	2,660.
TOTALS	<u>2,660.</u>

ATTACHMENT 12FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION WAS FOUNDED FOR THE PURPOSE OF RELIEVING THE POOR AND DISTRESSED IN INTERCITY AND DISTRESSED AREAS BY ADDRESSING THEIR PARTICULAR NEEDS, INCLUDING FOOD AND OTHER BASIC NECESSITIES, WHICH ARE MORE READILY AVAILABLE IN OTHER COMMUNITIES. THE COMPANY'S PLANS TO APPROACH THESE PROBLEMS BY:

DEVELOPING A FOOD AND PHARMACEUTICAL DELIVERY SYSTEM FOR LOW INCOME HOMEBOUND PEOPLE, WHEREBY THE INCREMENTAL COSTS ASSOCIATED WITH ORDER COLLECTION, SELECTION AND DELIVERY ARE SUBSIDIZED BY THE ORGANIZATION SUCH THAT THE TOTAL COST IS COMPETITIVE WITH OTHER LARGE SUPERMARKETS ON A SELF-SERVICE BASIS.

DEVELOP STAFF, PROGRAMS AND MATERIALS TO AID GOVERNMENT AND NONPROFIT EFFORTS TO GET NEW GROCERY STORES IN LOW INCOME/UNDER-SERVED AREAS AND TRAIN GROCERS ON THE BEST METHODS FOR OPERATING SUCCESSFULLY IN SUCH COMMUNITIES.

TO FURTHER SUPPORT THESE LOW INCOME COMMUNITIES, THE ORGANIZATION AIMS TO ENHANCE THE ROLE THAT A TRADITIONAL GROCERY STORE PLAYS IN AN UNDERSERVED COMMUNITY BY PARTNERING WITH EXISTING GROCERY STORES TO DO COMMUNITY ORGANIZING, EDUCATING ON BEST METHODS, OUTREACH AND DIRECT ASSISTANCE TO HELP LOCAL PEOPLE ORGANIZE TO SOLVE THEIR OWN PROBLEMS. THE ORGANIZATION WOULD FIELD WORTHY COMMUNITY PROJECTS THROUGH THEIR LOCAL PARTNERS AND WORK WITH THE GROCER AND COMMUNITY TO RESOLVE QUALITY OF LIFE TYPE ISSUES (IMPROVING LOCAL FOOD PANTRY OPERATIONS, CLEANING UP LOCAL COMMUNITIES, ANTI-VIOLENCE PROGRAMS, ADDRESSING CIVIL RIGHTS PROBLEMS) ALL IN A COMMUNITY OPERATED AND PRO-ACTIVE METHOD.

UPLIFT SOLUTIONS INC.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

94-3471934

ATTACHMENT 13

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JEFFREY BROWN 700 DELSEA DRIVE WESTVILLE, NJ 08093	PRESIDENT 1.00	0.	0.	0.
SAMUEL KATES 700 DELSEA DRIVE WESTVILLE, NJ 08093	TREASURER 1.00	0.	0.	0.
SANDY BROWN 700 DELSEA DRIVE WESTVILLE, NJ 08093	SECRETARY 1.00	0.	0.	0.
MICHELE GOLKOW 700 DELSEA DRIVE WESTVILLE, NJ 08093	TRUSTEE 1.00	0.	0.	0.
LAURA SHUBILLA 700 DELSEA DRIVE WESTVILLE, NJ 08093	TRUSTEE 1.00	0.	0.	0.
Yael Lehmann 700 DELSEA DRIVE WESTVILLE, NJ 08093	TRUSTEE 1.00	0.	0.	0.
DON HINKLE-BROWN 700 DELSEA DRIVE	TRUSTEE 1.00	0.	0.	0.

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS	EXPENSE ACCT.
			TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES
SHARMAIN MATLOCK-TURNER 700 DELSEA DRIVE WESTVILLE, NJ 08093	TRUSTEE 1.00	0.	0.	0.
LINDA ROSANIO 700 DELSEA DRIVE WESTVILLE, NJ 08093	TRUSTEE 1.00	0.	0.	0.
SHELLEY LEVITAN ADLER 700 DELSEA DRIVE WESTVILLE, NJ 08093	TRUSTEE 1.00	0.	0.	0.
JEREMY NOWAK 700 DELSEA DRIVE WESTVILLE, NJ 08093	TRUSTEE 1.00	0.	0.	0.
GRAND TOTALS		0.	0.	0.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I. Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only  

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization UPLIFT SOLUTIONS INC.	Employer identification number 94-3471934
	Number, street, and room or suite no. If a P O box, see instructions 700 DELSEA DRIVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WESTVILLE, NJ 08093	

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

<input checked="" type="checkbox"/>	Form 990	<input type="checkbox"/>	Form 990-T (corporation)	<input type="checkbox"/>	Form 4720
<input type="checkbox"/>	Form 990-BL	<input type="checkbox"/>	Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/>	Form 5227
<input checked="" type="checkbox"/>	Form 990-EZ	<input type="checkbox"/>	Form 990-T (trust other than above)	<input type="checkbox"/>	Form 6069
<input type="checkbox"/>	Form 990-PF	<input type="checkbox"/>	Form 1041-A	<input type="checkbox"/>	Form 8870

- The books are in the care of ► ORGANIZATION

Telephone No. ► 856 471-3000

FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 2009 or
- tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a	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	3a	\$ 0.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$ 0.
c	Balance Due. Subtract line 3b from line 3a. 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	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)