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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue ServiceUnder 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

**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning**, 2009, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> COLORADO CRIMINAL JUSTICE REFORM COALITION 1212 MARIPOSA STREET, SUITE 6 DENVER, CO 80204	<b>D</b> Employer identification number 84-1449882
		<b>E</b> Telephone number 303-825-0122
		<b>F</b> 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)**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: WWW.CCJRC.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. \$ 263,053.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1	176,000.
	2 Program service revenue including government fees and contracts	2	7,858.
	3 Membership dues and assessments	3	53,576.
	4 Investment income	4	4,965.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
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		
8 Other revenue (describe SEE STATEMENT 1)	8	20,654.	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	263,053.	
<b>EXPENSES</b>	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	165,147.
	13 Professional fees and other payments to independent contractors	13	1,073.
	14 Occupancy, rent, utilities, and maintenance	14	5,259.
	15 Printing, publications, postage, and shipping	15	21,232.
	16 Other expenses (describe SEE STATEMENT 2)	16	42,472.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	235,183.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,870.	
<b>ASSETS</b>	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	241,884.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	269,754.

**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	235,868.	266,936.
23 Land and buildings		
24 Other assets (describe SEE STATEMENT 3)	8,294.	4,529.
25 <b>Total assets</b>	244,162.	271,465.
26 <b>Total liabilities</b> (describe SEE STATEMENT 4)	2,278.	1,711.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	241,884.	269,754.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.**

Form 990-EZ (2009)

9-9

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)
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## Expenses

What is the organization's primary exempt purpose? SEE STATEMENT 5

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

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 SEE STATEMENT 6

(Grants \$ ) If this amount includes foreign grants, check here

**28 a**

29

(Grants \$ ) If this amount includes foreign grants, check here

29 a

30

(Grants \$ ) If this amount includes foreign grants, check here

30 a

**31** Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31 a

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

32

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instrs )
----------------	--

(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 and deferred compensation	(e) Expense account and other allowances
CATHERINE GUERRERO 819 EAST 25TH AVE. DENVER, CO 80205	BOARD MEMBER 1.00	0.	0.	0.
JOE MAURO 2549 HIGH STREET DENVER, CO 80205	TREASURER 1.00	0.	0.	0.
RICHARD JACKSON 145 W. 4TH DENVER, CO 80223	BOARD MEMBER 1.00	0.	0.	0.
DANI HARABURDA 1313 WILLIAMS ST. #606 DENVER, CO 80218	BOARD MEMBER 1.00	0.	0.	0.
MARDY WILSON 2564 W 32ND AVE DENVER, CO 80211	SECRETARY 1.00	0.	0.	0.
JOHN RILEY 9165 E. FLOYD AVE DENVER, CO 80231	PRESIDENT 1.00	0.	0.	0.
CHRISTINE M DONNER 1212 MARIPOSA STREET, STE 6 DENVER, CO 80204	EXECUTIVE DIREC 40.00	0.	0.	0.
ROSEMARY MARSHALL 3451 E. 26TH AVE DENVER, CO 80203	BOARD MEMBER 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V)

SEE STATEMENT 7

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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		
<b>a</b> 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?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> 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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
<b>b</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 <b>40b</b> X		
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b> X		
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		

**42a** The organization's books are in care of **THE ORGANIZATION** Telephone no **80204**  
 Located at **1212 MARIPOSA STE 6 DENVER CO** ZIP + 4 **80204**

	Yes	No
<b>b</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		X
<b>c</b> 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		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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 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.

	Yes	No
<b>46</b> 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		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**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 and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

**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 each receiving over \$100,000 ▶

<b>Sign Here</b>	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 <i>Christie Dames</i> Date <i>7/20/10</i>	
	Type or print name and title <i>Executive Director</i>	

<b>Paid Preparer's Use Only</b>	Preparer's signature <i>John Affleck, CPA</i>	Date <i>7/15/10</i>	Check if self employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00288317
	Firm's name (or yours if self employed) <i>AFFLECK GILMAN ROSS &amp; CO., PC</i>		EIN <i>84-0919569</i>	
	Firm's address, and ZIP + 4 <i>495 UINTA WAY SUITE 100 DENVER, CO 80230</i>		Phone no <i>303-261-1016</i>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 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
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	130,522.	153,924.	191,722.	255,771.	229,576.	961,515.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
<b>4 Total.</b> Add lines 1-through 3	130,522.	153,924.	191,722.	255,771.	229,576.	961,515.
<b>5</b> 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).						0.
<b>6 Public support.</b> Subtract line 5 from line 4						961,515.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	130,522.	153,924.	191,722.	255,771.	229,576.	961,515.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52.		20.	968.	4,965.	6,005.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	166.	141.	413.	2,690.	20,654.	24,064.
<b>11 Total support.</b> Add lines 7 through 10						991,584.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.

**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**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.0 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	98.3 %

**16a 33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the 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 – 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. ☐**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. ☐**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. ☐**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. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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 yr 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 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 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 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 yr 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 lns 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 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 ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 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 explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

2009

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

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COLORADO CRIMINAL JUSTICE REFORM  
COALITION

84-1449882

7/15/10

08 55PM

## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
MISCELLANEOUS	20,654.	2,690.	413.	141.	166.
TOTAL	<u>\$ 20,654.</u>	<u>\$ 2,690.</u>	<u>\$ 413.</u>	<u>\$ 141.</u>	<u>\$ 166.</u>

**2009****FEDERAL STATEMENTS**  
**COLORADO CRIMINAL JUSTICE REFORM**  
**COALITION****PAGE 1****CLIENT CCJRC****84-1449882**

7/15/10

08 55PM

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 8**  
**OTHER REVENUE**

MISCELLANEOUS INCOME

	\$	20,654.
TOTAL	\$	<u>20,654.</u>

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**CONTRACT & OTHER PROFESSIONAL  
DEPRECIATION  
EVENTS & TRAINING FOR OTHERS  
INSURANCE  
OFFICE EXPENSES  
TELEPHONE  
TRAVEL  
WEB HOSTING/INTERNET

	\$	14,510.
		41.
		948.
		4,754.
		13,855.
		2,140.
		665.
		5,559.
TOTAL	\$	<u>42,472.</u>

**STATEMENT 3**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**FURNITURE AND FIXTURES  
INVENTORIES  
MACHINERY AND EQUIPMENT

	<u>BEGINNING</u>	<u>ENDING</u>
	\$ 62.	\$ 43.
	8,201.	4,477.
	31.	9.
TOTAL	<u>\$ 8,294.</u>	<u>\$ 4,529.</u>

**STATEMENT 4**  
**FORM 990-EZ, PART II, LINE 26**  
**TOTAL LIABILITIES**ACCOUNTS PAYABLE AND ACCRUED EXPENSES  
FISCAL AGENT ACCOUNT

	<u>BEGINNING</u>	<u>ENDING</u>
	\$ 266.	\$ 185.
	2,012.	1,526.
TOTAL	<u>\$ 2,278.</u>	<u>\$ 1,711.</u>

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**TO RAISE PUBLIC AWARENESS AND INCREASE POLITICAL SUPPORT FOR ALTERNATIVES TO  
INCARCERATION THROUGH PUBLIC EDUCATION, COMMUNITY ORGANIZING, COALITION BUILDINGS  
AND CRIMINAL JUSTICE REFORM CAMPAIGNS.

2009

**FEDERAL STATEMENTS**  
**COLORADO CRIMINAL JUSTICE REFORM**  
**COALITION**

PAGE 2

CLIENT CCJRC

84-1449882

7/15/10

09 06PM

**STATEMENT 6**  
**FORM 990-EZ, PART III, LINE 28**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

COORDINATE STATEWIDE NETWORK OF INDIVIDUALS AND ORGANIZATIONS ADVOCATING FOR ALTERNATIVES TO INCARCERATION AND REFORM OF CRIMINAL JUSTICE POLICIES. CONDUCT PUBLIC EDUCATION PROGRAMS THROUGH SPEAKING ENGAGEMENTS, COMMUNITY EVENTS, AND OUR NEWSLETTERS.

2009 ACTIVITIES INCLUDED: WORK WITH THE LEGISLATURE TO GET SEVERAL BILLS PASSED. SUPPORTED REPRESENTATIVE MARSHALL'S BILL TO REQUIRE THE COMMISSION ON CRIMINAL & JUVENILE JUSTICE TO STUDY RACIAL DISPARITY IN THE CRIMINAL JUSTICE SYSTEM. SUCCESSFULLY OPPOSED LEGISLATION THAT WOULD HAVE FURTHER INVOLVED THE POLICE WHEN A JUVENILE WAS TRUANT FROM SCHOOL. DISTRIBUTED OVER 25,000 FREE COPIES OF OUR NEWEST PUBLICATION, "GETTING ON AFTER GETTING OUT: A REENTRY GUIDE FOR COLORADO". DEEPLY INVOLVED IN THE NEW STATE COMMISSION ON CRIMINAL & JUVENILE JUSTICE WHICH APPROVED 66 RECOMMENDATIONS TO REDUCE RECIDIVISM THAT WERE FORWARDED ON THE GOVERNOR. DISTRIBUTED OVER 50,000 COPIES OF OUR VOTING BROCHURE "CAN I VOTE" ACROSS THE STATE SO THAT PEOPLE WITH CRIMINAL RECORDS COULD DETERMINE THEIR ELIGIBILITY TO VOTE. WORKED WITH JAIL ADMINISTRATORS TO ENSURE THAT PEOPLE IN JAIL WHO WERE ELIGIBLE TO VOTE WERE INFORMED AND HAD AN OPPORTUNITY AND MECHANISM TO VOTE. CONDUCTED NUMEROUS PUBLIC PRESENTATIONS, PARTICIPATED IN PUBLIC EVENTS AND OTHERWISE ENGAGED IN EFFORTS TO EDUCATE THE PUBLIC AND POLICY MAKERS.

**STATEMENT 7**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

12/31/09

## 2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT CCJRC

COLORADO CRIMINAL JUSTICE REFORM  
COALITION

84-1449882

7/15/10

08 55PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
1	OFFICE FURNITURE	4/28/01		100							100	100	S/L	HY	3	0
2	OFFICE CHAIRS	5/10/04		200							200	200	S/L	HY	3	0
3	OFFICE FURNITURE	5/21/04		120							120	120	S/L	HY	3	0
4	STORAGE CABINET-4 SHELF	6/05/05		130							130	68	S/L	7		19
TOTAL FURNITURE AND FIXTURE																
				550		0	0	0	0	0	550	488				19
MACHINERY AND EQUIPMENT																
5	VERIFONE TRANZ	3/27/00		405							405	405	S/L	HY	5	0
6	COMPUTER RELATED EQUIP.	1/01/02		250							250	250	S/L	HY	3	0
7	SYSTEM PHONES -4	8/22/02		406							406	406	S/L	HY	5	0
8	PHONE SYSTEM PROCESSOR	9/22/02		629							629	629	S/L	HY	5	0
9	VOICEMAIL CARD	8/22/02		255							255	255	S/L	HY	5	0
10	SERVER COMPUTER	10/08/03		200							200	200	S/L	HY	3	0
11	MONITOR FOR SERVER	10/08/03		100							100	100	S/L	HY	3	0
12	GATEWAY PENTIUM 4	11/25/03		550							550	550	S/L	HY	3	0
13	BROTHER HL 1440 PRINTER	4/04/04		178							178	178	S/L	HY	3	0
14	PANASONIC FAX	11/15/04		150							150	150	S/L	HY	3	0
15	SOFTWARE MICROSOFT UPWARD	7/22/05		330							330	330	S/L	3		0
16	COMPUTER STORAGE DEVICE	6/30/05		108							108	77	S/L	5		22
17	SHARP COPIER	2/01/04		1,529							1,529	1,529	S/L	5		0
TOTAL MACHINERY AND EQUIPME																
				5,090		0	0	0	0	0	5,090	5,059				22

7/15/10 08 55PM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	CUR 179 BUS PCT	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR
	TOTAL DEPRECIATION			5,640	0	0	0	0	5,640	5,547				41
	GRAND TOTAL DEPRECIATION			5,640	0	0	0	0	5,640	5,547				41

Form **8868**

(Rev April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	COLORADO CRIMINAL JUSTICE REFORM COALITION	84-1449882
	Number, street, and room or suite number. If a P.O. box, see instructions	
	1212 MARIPOSA STREET, SUITE 6	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	DENVER, CO 80204	

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

- |   |  |                                    |
|---|--|------------------------------------|
| <input 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 (section 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 ► THE ORGANIZATION

Telephone No. ► \_\_\_\_\_ FAX No. ► 303-825-0304

- 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 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 09 or
  - ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

<b>3a</b> 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.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> 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.	<b>3c</b>	\$	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**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2009)