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Form, **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

		ne 2009 calendar year, or tax year beginning JUL 1, 2009 and endin	g JUN 3	0, 2	010
В	Check if	f Please C Name of organization	D Em	ployer ide	entification number
	Addre	use IRS			
눉	Name Chang		, ا	2 07	E0007
냳					58897
느	Initial returi	No. See Number and Sueet (or F.O. DOX, it maints not delivered to sueet address)	om/suite E Te	-	
L	Term ated			<u>720)</u>	214-6355
	Amer	tions City or town, state or country, and ZIP + 4	F Gr	oup Exem	ption
	Applic pendir	DENVER, CO 80201	Nu	mber 🕨	
			G Accounting n		X Cash Accrual
	-	Schedule A (Form 990 or 990-EZ).			
_			Other (specif	_	
			H Check ► L		organization is not
					e B (Form 990, 990-EZ, or 990-PF)
K	Check	▶	rmally 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 co	mplete return.		
L	Add lın	ies 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 9	990-EZ	\$	439,184.
	<u>ar:</u>)	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See		for Part	1.)
	1	Contributions, gifts, grants, and similar amounts received		1	439,167.
	i				433,107.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	17.
	5a	Gross amount from sale of assets other transvertors 5a			
	Ь	Less: cost or other basis and sales expenses 5b			
	C	Gain or (loss) from sale of assets other than inventory (Subtract life 5b from line 5a)		5c	
Φ	6	Special events and activities (complete applicable parts of schedule 6). If any amount is from gaming, chec	ok here		
5	"_		ok nore -		
Revenue	a			'	
ď		reported on line 1) OGDEN, UT Less: direct expenses other than fundraising expenses 6b		,	
	b				
	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	Λ.	8	
				9	439,184.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			
	10	Grants and similar amounts paid (attach schedule) STMT 3		10	25,000.
	11	Benefits paid to or for members		11	
es	12	Salaries, other compensation, and employee benefits		12	<u>85,557.</u>
Σ	13	Professional fees and other payments to independent contractors		13	78,788.
Expenses	14	Occupancy, rent, utilities, and maintenance		14	13,513.
Ш	15	Printing, publications, postage, and shipping		15	29,328.
	16	Other expenses (describe ► SEE STATEM	ENT 1)	16	13,767.
9	17 18 19 20 21	Total expenses. Add lines 10 through 16		17	245,953.
2	110	Excess or (deficit) for the year (Subtract line 17 from line 9)			193,231.
12	10			18	193,431.
S.	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
84		(must agree with end-of-year figure reported on prior year's return)		19	<u>51,137.</u>
郭	20	Other changes in net assets or fund balances (attach explanation)		20	<u></u>
\geq	21	Net assets or fund balances at end of year. Combine lines 18 through 20	•	21	244,368.
	201	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 ins	tead of Form 99	0-EZ.	
Ш			ginning of year	_	(B) End of year
32	Cac	h, savings, and investments	46,522	. 22	238,403.
2	Lan		40,322		230,403.
(7)	Lan	d and buildings	B 445	23	
三人名 25 25 25 25 25 25 25 25 25 25 25 25 25	Uth	er assets (describe SEE STATEMENT 2)	7,113		8,303.
25		al assets	53,635		246,706.
26	Tota	al liabilities (describe ► PAYROLL TAXES & OTHER A/P)	<u>2,498</u>	- 26	2,338.
27		assets or fund balances (line 27 of column (B) must agree with line 21)	51,137	. 27	244,368.
932 02-0	171 08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	K8	17	Form 990-EZ (2009)

What is the organization's primary exempt purpose? <u>SEE STATEM</u> Describe what was achieved in carrying out the organization's exempt the services provided, the number of persons benefited, and other re	ENT 7 t purposes. In a clear and cond	cise manner, descr	and 5	Expenses ired for section 501(c)(3) 01(c)(4) organizations and in 4947(a)(1) trusts, optionsers)
28 SEE STATEMENT 5			_	
(Grants \$) If this amount includes fore 29 SEE STATEMENT 6	eign grants, check here	. ▶	28a	
(Grants \$ 25,000.) If this amount includes fore	eign grants, check here	•	29a	25,000
(Grants \$) If this amount includes fore	eign grants, check here	. •	 30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes fore	eign grants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	25,000
Pari W List of Officers, Directors, Trustees, and Ke	ey cmployees. List each one ev	ven if not compensated		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribut to employe benefit plan deferred compensat	ee (e) Expense s & account and other allowances
MONICA PIERGROSSI PO BOX 1620, DENVER, CO 80201	CHAIR 1.00	0.		0. 0.
WILL COYN	DIRECTOR	_		
PO BOX 1620, DENVER, CO 80201	1.00	0.		0. 0.
LEDDY GARCIA-ECKSTEIN	DIRECTOR	_		
PO BOX 1620, DENVER, CO 80201	1.00	0.		0. 0.
ELLYNNE BANNON	DIRECTOR			
PO BOX 1620, DENVER, CO 80201 MEGAN VAN ENS	1.00 EXECUTIVE DIR	0.		0. 0.
PO BOX 1620, DENVER, CO 80201	40.00	63,963.		0. 0.
		00,200		
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932172 02-08-10	1			orm 990-EZ (2009

Pe	Other Information (Note the statement requirements in the instructions for Part V)			
	,,		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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X	<u> </u>
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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		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			
	ın a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а				
b	Gross receipts, included on line 9, for public use of club facilities N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶	ı		
þ	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	40b		<u> </u>
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			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization . D.			
е	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	40e		_X_
41	List the states with which a copy of this return is filed. NONE			
42 a	The organization's books are in care of ► KAREN BENKER Telephone no. ► (303) 7			<u>5</u>
	Located at ► PO BOX 1620, DENVER, CO ZIP+4 ► 8	020	Ι	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	Vaa	NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	
	account)?	42b		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.	40-		Х
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
40	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43		N/A		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No.
4.4	Did the organization maintain any denor adviced funde? If "Vee " Form 000 must be completed instead of		1 63	140
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		Х
4F	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	44		
45		45		Х
	completed instead of Form 990-EZ	Form 9	90-F7 /	
			(

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 t	candidates for pub	lic	-	Yes	No
	office? If "Yes," complete Schedule C, Part I			[46		Х
47	Did the organization engage in lobbying activities? If "Yes," complete Sch	nedule C, Part II		. [47	Х	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes	s," complete Schedule E			48		X
49 a	Did the organization make any transfers to an exempt non-charitable related	organization?		[49a		X
b	If "Yes," was the related organization a section 527 organization?			[49b		
	Complete this table for the organization's five highest compensated employe than \$100,000 of compensation from the organization. If there is none, ente		ors, trustees and key	employees) who e	ach red	ceived	more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hour per week devoted to position	s (c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	a (e) Expe ecount er allow	and
51	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		erved more than \$10			om the	
d	Total number of other independent contractors each receiving over \$100,000		>				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including according and complete Declaration of preparar (other than officer) is based on all I Signature of officer MEGAN VAN ENS, EXECUTIVE DIR Type or print name and title	companying schedules and statem information of which preparer has as	ents, and to the best of a ny knowledge	Ty knowledge and bel	ef, it is	true,	
Paid Prepa Use 0	rer's properties signature and a college of CPA	<i>5/3///</i> er	nployed 🛌 🔲	eparer's identifying nu	mber (S	èee ınstr)
	firm's name for yours and the self-employed address, and ziP+4 ANTON COLLINS MITCHELL 303 EAST 17TH AVENUE, DENVER, CO 80203		EIN Pho no.	<u>►</u> ne ► 303-8:	30-	112	 0_
May th	ne IRS discuss this return with the preparer shown above? See instructions				X Ye		No
						20-F7	(2000)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2009

Open to Public Inspection

Name of the organization

Employer identification number

	D									<u>2-0758</u>		
	Reason	for Public Char	ity Status (All organiz	zations mu	ist comple	te this par	t.) See ins	tructions				
rgan	zation is not a	a private foundation	because it is (For lines	1 through	11, check	only one t	oox.)					-
	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170)(b)(1)(A)(i).				
	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	:hedule E)								
	A hospital or	a cooperative hospi	ital service organization (described	in section	170(b)(1)	(A)(iii).					
	A medical res	search organization	operated in conjunction	with a hos	prtal desc	nbed in se	ection 170)(b)(1)(A)(i	ii). Enter t	he hospita	l's nam	ie,
	city, and stat	te							•			
	An organizat	on operated for the	benefit of a college or un	niversity o	wned or o	perated by	a govern	mental un	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)				-					
				t describe	d in sectio	n 170(b)(1)(A)(v).					
X								or from the	general p	public desc	nbed II	n
	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, ar	nd gross re	ceipts t	from
	activities rela	ted to its exempt fui	nctions - subject to certa	un excepti	ons, and (2) no more	than 33	1/3% of its	support	from gross	investi	ment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	inization a	after June :	30, 197	5.
	See section	509(a)(2). (Complete	e Part III.)									
	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety S	See secti o	on 509(a)(4	4).				
	An organizati	on organized and or	perated exclusively for the	ne benefit (of, to perfo	orm the fu	nctions of,	, or to carr	y out the	purposes (of one o	or
	more publicly	supported organiza	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se e	ction 509(a)(3). Che	eck the box	that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.				_		
	a Type	1 b ∟	_l Type ii d	: 🔲 Тур	e III - Fund	tionally in	tegrated		d L	Type III -	Other	
	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	/ by one o	r more dis	qualified p	persons ot	ner thai	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cnbed in s	ection 509	9(a)(1) or s	section 509	9(a)(2).	
	If the organiz	ation received a writ	ten determination from t	ha IDC the								
			ten determination nom	ine ino ina	atitisa iy	rpe I, Type	II, or Type	e III				_
	• • •	rganization, check th	nis box		Ī							
	Since August	rganization, check th t 17, 2006, has the c	nis box organization accepted ar	ny gift or co	ontribution	n from any	of the follo	owing per				
	Since August	rganization, check th t 17, 2006, has the c n who directly or ind	nis box organization accepted ar orectly controls, either al	ny gift or co	ontribution	n from any	of the follo	owing per			Yes	No
	Since August (i) A person the gove	rganization, check th t 17, 2006, has the c n who directly or ind erning body of the si	nis box organization accepted ar irectly controls, either al upported organization?	ny gift or co	ontribution	n from any	of the follo	owing per		11g(i)	Yes	No
	Since August (i) A perso the gove (ii) A family	rganization, check th t 17, 2006, has the c n who directly or ind erning body of the si member of a persor	nis box organization accepted ar irectly controls, either al upported organization? n described in (i) above?	ny gift or co one or tog	ontributior ether with	n from any	of the follo	owing per		11g(i) 11g(ii)		No
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		A medical recity, and star section 170 A federal, star section 170 A federal, star section 170 A community An organizat activities relaincome and in See section An organizat An organizat more publicly describes the aim Type By checking foundation medical section and section and section aim Type	A medical research organization city, and state An organization operated for the section 170(b)(1)(A)(iv). (Complete A community trust described in a An organization that normally reconstruction and unrelated business to See section 509(a)(2). (Complete An organization organized and of An organization organized and of An organization organized and of March 2006) and the secribes the type of supporting a Type I b By checking this box, I certify that foundation managers and other the	A medical research organization operated in conjunction city, and state An organization operated for the benefit of a college or unsection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unity An organization that normally receives a substantial party section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). An organization that normally receives: (1) more than 33 activities related to its exempt functions - subject to certal income and unrelated business taxable income (less section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to teach organization organized and operated exclusively for the more publicly supported organizations described in section describes the type of supporting organization and complete a Type I b Type II organization is not foundation managers and other than one or more publicly.	A medical research organization operated in conjunction with a hose city, and state An organization operated for the benefit of a college or university or section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit describes An organization that normally receives a substantial part of its suppresection 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete An organization that normally receives: (1) more than 33 1/3% of its activities related to its exempt functions - subject to certain except income and unrelated business taxable income (less section 511 tax See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for publication and publicly supported organizations described in section 509(a)(describes the type of supporting organization and complete lines 1 a Type I b Type II c Type By checking this box, I certify that the organization is not controlled foundation managers and other than one or more publicly supported	A medical research organization operated in conjunction with a hospital descrity, and state An organization operated for the benefit of a college or university owned or or section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from a section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support if activities related to its exempt functions - subject to certain exceptions, and (income and unrelated business taxable income (less section 511 tax) from business section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety of the properties of the perfect of the	A medical research organization operated in conjunction with a hospital described in sectify, and state An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1) An organization that normally receives a substantial part of its support from a government section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An organization that normally receives: (1) more than 33 1/3% of its support from contributivities related to its exempt functions - subject to certain exceptions, and (2) no more income and unrelated business taxable income (less section 511 tax) from businesses a See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section An organization organized and operated exclusively for the benefit of, to perform the full more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III · Functionally in By checking this box, I certify that the organization is not controlled directly or indirectly foundation managers and other than one or more publicly supported organizations described	city, and state An organization operated for the benefit of a college or university owned or operated by a govern section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit of section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, in activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 income and unrelated business taxable income (less section 511 tax) from businesses acquired to See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See see describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one of oundation managers and other than one or more publicly supported organizations described in section.	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii) city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unisection 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membershing activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a) describes the type of supporting organization and complete lines 11e through 11h. a	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter to city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization as See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital city, and state 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross reactivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h. a	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's namedray, and state 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross invest income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 197 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one of 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.

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Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 COLORADO CIVIC ENGAGEMENT ROUNDTABLE 02-0758897 Page 2 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) (c) 2007 (a) 2005 (b) 2006 (f) Total (d) 2008 (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 256 405,889 179,675. 439,167. include any "unusual grants.") 1,024,987. 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 405,889. 256 179,675. 439,167. 4 Total. Add lines 1 through 3 1,024,987. 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) 766,706**.** 258,281. Public support. Subtract line 5 from line Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007(d) 2008(e) 2009 (f) Total 405,889. 256. 439,167. 179,675. 7 Amounts from line 4 1.024.987. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 11,444 3,013 2 187. 17. 14,663. and income from similar sources 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 1,039,650, 12 Gross receipts from related activities, etc. (see instructions) 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) \mathbf{X} organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 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 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

Schedule A (Form 990 or 990-EZ) 2009

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

Pe	edule A (Form 990 or 990-EZ) 2009	Organizations	Described in	Section 509(a	1)(2) (Complete only	r if you checked the	Page 3 box on line 9 of Part I.)
Se	ction A. Public Support						
Cal	endar 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 bus-]					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					 	
•	furnished by a governmental unit to						
	the organization without charge			Ì			
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			-			
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received		 		V		
	from other than disqualified persons that						ľ
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	[
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·		·		· · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						3
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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.)						
	Total support (Add lines 9, 10c, 11, and 12)	<u></u>		<u> </u>			<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	zation,
<u>~</u>	check this box and stop here	in Comment 5			•		
	tion C. Computation of Publ					1	
	Public support percentage for 2009 (I			olumn (f))		15	%
16	Public support percentage from 2008			•	•	16	%
-	tion D. Computation of Inves						
	Investment income percentage for 20	•	•	ne 13, column (f))		17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2009. If the	•		•		<u>-</u>	17 is not
	more than 33 1/3%, check this box a	-	•	, ,	• • •		▶∟
b	33 1/3% support tests - 2008. If the	-					
	line 18 is not more than 33 1/3%, che		-	· ·		-	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
					Sch	edule A (Form 99	90 or 990-EZ) 2009

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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



If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered	"Yes," to Form 990,	, Part IV, line 5 (Proxy	Tax), then
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 Section 5 	601(c)(4), (5), or (6) organiza	tions: Complete Part III			
Name of orga	anization			Empl	loyer identification number
	COLORAD	O CIVIC ENGAGEME	NT ROUNDTAI	BLE	02-0758897
Pari I-A	Complete if the org	ganization is exempt und	er section 501(d	e) or is a section 527 o	rganization.
1 Provide	a description of the organiz	zation's direct and indirect politic	al campaign activities	s in Part IV.	
2 Political	expenditures			. ▶\$	
3 Voluntee	er hours				
Part I=3	Complete if the ord	janization is exempt und	er section 501(c	2)(3)	
		incurred by the organization und		▶ \$	
	•	incurred by organization manage	•		
	•	in 4955 tax, did it file Form 4720		•	Yes No
	orrection made?	,	, ,		Yes No
b If "Yes,"	describe in Part IV.	·	•		
Part I-C	Complete if the org	janization is exempt und	er section 501(c), except section 501(c)(3).
1 Enter the	e amount directly expended	d by the filing organization for sec	ction 527 exempt fun	ction activities > \$	
2 Enter the	e amount of the filing organ	ization's funds contributed to ot	ner organizations for	section 527	
exempt	function activities			▶\$	
3 Total ex	empt function expenditures	s. Add lines 1 and 2 Enter here a	nd on Form 1120-PO	L,	
line 17b				▶\$	
4 Did the f	filing organization file Form	1120-POL for this year?			Yes No
5 Enter the	e names, addresses and er	nployer identification number (Ell	V) of all section 527 p	political organizations to which	h payments were made.
For each	n organization listed, enter t	he amount paid from the filing or	ganızatıon's funds. A	lso enter the amount of polit	ical contributions received
	, , ,	vered to a separate political orga	inization, such as a s	eparate segregated fund or a	a political action committee
(PAC). If	additional space is needed	, provide information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0-
		<u> </u>			
		<u> </u>			
For Privacy A	Act and Paperwork Reduc	tion Act Notice, see the Instruc	tions for Form 990	or 990-EZ. Schedule C	(Form 990 or 990-EZ) 2009

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Schedule C (Form 990 or 990-EZ) 2009	COLO	RADO (CIVIC ENGAG	EMENT ROUNDTA	ABLE 02-0	758897 Page 2
	-		mpt under secti	on 501(c)(3) and file	ed Form 5768	
(election under se	ction 50	1(h)).	<u>.</u> .			
A Check 🕨 🖳 if the filing organiz	ation belor	igs to an aff	iliated group.			
B Check 🕨 🔛 if the filing organiz	ation chec	ked box A a	nd "limited control" p	provisions apply.		
Lim	its on Lob	bying Expe	enditures		(a) Filing	(b) Affiliated group
			unts paid or incurre	d.)	organization's totals	totals
				·		
1a Total lobbying expenditures to inf) [
b Total lobbying expenditures to inf		•	dy (direct lobbying)		1,422.	
c Total lobbying expenditures (add		d 1b)			1,422.	·
d Other exempt purpose expenditu				L	102,356.	
e Total exempt purpose expenditur	•				103,778.	
f Lobbying nontaxable amount. Ent			<u> </u>		20,756.	
If the amount on line 1e, column (a)	or (b) is:		bying nontaxable a	11	4	
Not over \$500,000			the amount on line 1			
Over \$500,000 but not over \$1,00				xcess over \$500,000.		
Over \$1,000,000 but not over \$1,			· · · · · · · · · · · · · · · · · · ·	xcess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000			cess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
					- 400	
g Grassroots nontaxable amount (e		•		• • • -	5,189.	
h Subtract line 1g from line 1a. If ze	•				0.	
i Subtract line 1f from line 1c. If zer				L	0.	
j If there is an amount other than ze		er line 1h or	line 1i, did the organi	zation file Form 4720	F-	
reporting section 4911 tax for this	year?			· · · · · · · · · · · · · · · · · · ·	L	Yes No
(Sama argani	-otiono th		eraging Period Unde		ata all af the five	
				on do not have to compl nes 2a through 2f on pag		
					· · · · · · · · · · · · · · · · · · ·	
	LODI	ying Expe		ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
· · · · · · · · · · · · · · · · · · ·						
2a Lobbying nontaxable amount				30,815.	20,756.	51,571.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						<u>77,357.</u>
	1					
c Total lobbying expenditures				30,815.	1,422.	<u>32,237.</u>
d Grassroots nontaxable amount				7,704.	5,189.	12,893.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						19,340.
					- " '	

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009 COLORADO CIVIC ENGAGEMENT ROUNDTABLE 02-0758897 Page 3 [Part LF3] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4			(6	3)	(1	o)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization agree to carryover lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expensitives from the prior year? 2 Did the organization agree to carryover to the reasonable estimate of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see i			Yes	No	Amo	ount
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a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailrings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total. Add lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbving and political expenditures from the prior year? 3 Did the organization agree to carryover lobbving in sexempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 15(2)e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 503(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2 c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions) Supplemental Information				i		
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Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	1	"Yes."	rt III-A, lir		nswered 	
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expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information				!		
5 Taxable amount of lobbying and political expenditures (see instructions) 5 Supplemental Information		• •		4		
Supplemental Information	5	Taxable amount of lobbying and political expenditures (see instructions)			-	
omplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part	- ايد					
	om	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an	d Part II-B, I	ine 1ı. Also	, complete	this par
					_	

Schedule C (Form 990 or 990-EZ) 2009

FORM .990-EZ	OTHER EXPENS	SES	STATEMENT 1
DESCRIPTION			AMOUNT
STAFF TRAINING & DEVELOPMENT OTHER			5,281. 8,486.
TOTAL TO FORM 990-EZ, LINE 16			13,767.
FORM 990-EZ	OTHER ASSET	rs	STATEMENT 2
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES DEPOSITS OTHER DEPRECIABLE ASSETS		0. 0. 7,113.	3,975. 1,294. 3,034.
TOTAL TO FORM 990-EZ, LINE 24		7,113.	8,303.

FORM 990-EZ	CASH GRANTS AND ALLOCA	TIONS	STATEMENT	3
CLASS OF ACTIVITY/G	RANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	ים
GRANTS TO OTHER ORGA PROGRESS NOW COLORAL 1536 WYNKOOP ST. #20 DENVER, CO 80202	OO EDUCATION	NONE	25,00	0.
TOTAL INCLUDED ON FO	ORM 990-EZ, LINE 10		25,00	0.

FORM,990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT			4	
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[]	YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	NO

990-EZ PG 2

STATEMENT

MEMBERSHIP PROGRAM: BUILT BROAD MULTI-ISSUE COALITION WORKING COLLECTIVELY TO INCLUDE ALL COLORADANS IN OUR PROCESS IN BUILDING A JUST AND EQUITABLE STATE. COORDINATING THE CAPACITY OF GROUPS AND PROVIDING STRATEGIC RESOURCES.

990-EZ PG 2

STATEMENT

6

PUBLIC EDUCATION PROGRAM: EDUCATING COLORADANS ABOUT IMPORTANT PUBLIC POLICY ISSUES THAT AFFECT THEIR DAILY LIVES. THIS INCLUDES KNOWLEDGE OF AND ACCESS TO BETTER HEALTH, EDUCATION, ENVIRONMENTAL AND ECONOMIC OPPORTUNITY INFORMATION.

990-EZ PG 2

STATEMENT 7

PROMOTION OF CIVIL RIGHTS AND THE FIGHT AGAINST DISCRIMINATION

•	v		U.S. Posai Service -			
, , ,	7 Day 4 0044		CERTIFIED MAIL. RECEIPT			
	B (Rev. 1-2011)		ASION, CA TO THE DESTRUCTION OF THE CONTROL OF THE			
• If you are filing for an Additional (Not Automatic) 3-Month Extension, or Note. Only complete Part II if you have already been granted an automatic: • If you are filing for an Automatic 3-Month Extension, complete only Part II 34201						
	are filing for an Automatic 3-Month Extension, c		Only Pa			
Part I			of Tim N			
Type or		ALC: IOIO!!	Postage S \$11,88 114117			
print	Colorado Civice Engagement Roundtable	Contilled Fee \$7.80 02.				
File by the		uctions D Return Race of Engl				
extended due date f	for Р. О. Вох 1620	Postment Historical Strain (V) Postment				
filing your return. Se	City, town or post office, state, and ZIP code. For	Restricted Delivery Fise (Endorsement Required)				
instruction		Property 101				
			F3.68 31726/261: (C)			
Enter th	e Return code for the return that this application is	s for (file a	sept of Sent o			
			SEPTE STREET, AND MENT OF THE TREASURY STREET, AND NO. F. N.T. P. NAT. P. S.			
Applic Is For	ation	Return Code	AP OFFO BOX NO. THE THEASURY			
	00		DOGEN UTALL SERVICE			
Form 9		01	Form 1041 - 0045			
Form 9		03	Form 1041-A			
Form 9		04	Form 5227 10			
	99-T (sec. 401(a) or 408(a) trust)	05	Form 6069 11			
	190-T (trust other than above)	06	Form 8870 12			
		ented an au	utomatic 3-month extension on a previously filed Form 8868.			
• The b	ooks are in the care of ► Karen M. Benker					
Telepi	none No. ► 303 774-7745	FAX	No. ▶			
	organization does not have an office or place of b					
	is for a Group Return, enter the organization's fou	_				
		•	t of the group, check this box ▶ ☐ and attach a			
	the names and EINs of all members the extension		DB-115 00 44			
	request an additional 3-month extension of time of calendar year or other tax year beginning		May 15 , 20 11 . July 1 , 20 09 , and ending June 30 , 20 10 .			
	For calendar year, or other tax year beginnir f the tax year entered in line 5 is for less than 12 n					
_	Change in accounting period	nonus, on	eck reason. That a return			
		R requires a	additional time to prepare an accurate filing of Form 988.			
, ,						
-			***************************************			
	f this application is for Form 990-BL, 990-PF, 990	D-T, 4720,	· · · · · · · · · · · · · · · · · · ·			
_	nonrefundable credits. See instructions.		8a \$			
	f this application is for Form 990-PF, 990-T, 4					
	estimated tax payments made. Include any prio	r year ove	· • • • • • • • • • • • • • • • • • • •			
-	amount paid previously with Form 8868.	8b \$				
	Batance due. Subtract line 8b from line 8a. Include yo Electronic Federal Tax Payment System). See instruc		1 1			
			8c \$ d Verification			
Under per			panying schedules and statements, and to the best of my knowledge and belief. it is			
true, corre	ect, and complete, and that I am authorized to prepare this form					
	:// / //					
Signature	· 11/10 CAM COUCHS	Title ►	Executive Director Date Name (26, 20			
			Form 8868 (Rev. 1-2011)			

•	٠.										
Form	8868 (Rev	. 4-2009)		 						Page 2	
• If y	Only c	omplete Part II it filing for an Au t	f you have alread tomatic 3-Mont	ntomatic) 3-Month I ly been granted an au h Extension, comp	tomatic 3-mor	th exter	nsion on a pre age 1).	viously filed	Form 8868.	▶ □	
Par	t III			3-Month Extensi	on of Time.	Only file	e the original				
Type print	, ,					Employer id	nployer identification number				
	ded ate for	d of or		For IRS use	only	_					
filing the return See instructions.		City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
Chec	ck type	of return to be	e filed (File a se	parate application fo	r each return)	:					
	orm 990		☐ Form 990-F			_	orm 1041-A		Form 6069		
	orm 99		☐ Form 990-T	(sec. 401(a) or 408(a) trust)	□ F	orm 4720		☐ Form 8870		
<u> </u>	orm 99	D-EZ	☐ Form 990-T	(trust other than ab	ove)	☐ F	orm 5227				
STO	Pl Do no	ot complete Par	t II if you were	not already granted	an automatic	3-mont	h extension o	n a previou	sly filed Form	n 8868.	
Telle If the If the Ist was 4 5 6	ephone he orga his is fo ne whole with the I reque For cale If this t	No. ► (ot have an officern, enter the orgethis box s of all members 3-month extens , or other tax yess than 12 monuneed the external control of	FAX e or place of busines panization's four digit	X No. ► (d State ption Noup, choose, ch	es, check this umber (GEN) eck this box.	box	If this and attach	20	
b	 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. b 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. 					8a d y					
С	Balance	Due. Subtract li	ne 8b from line 8	a. Include your payme TPS (Electronic Federa	nt with this form I Tax Payment S	n, or, if r System).	equired, depos See instructions	8b it s. 8c			
Under	penalties	of penury. I declare	that I have examine	Signature at			etatemente and t	n the hest of m	ry knowledge e	nd helief	

Under penalties 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 > Muganlan Cas

Title - Exocutive Ductor Date - 11

orm 8868 (Rev 4-2009)

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• 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	this form). Form 8868.						
Do not complete Part II unless you have already been granted an automatic 3 Part I Automatic 3-Month Extension of Time. Only submit origing A corporation required to file Form 990-T and requesting an automatic 6-mc Part I only							
Additionate 3-Month Extension of Time. Only Submit One MALL							
A corporation required to file Form 990-T and requesting an automatic 6-mc	complete -						
Part I only							
All other corporations (including 1120-C filers), partnerships, REMICs, and tr time to file income tax returns.	t an extension of						
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if yo	on of time to file ; file Form 8868						
one of the returns noted below (6 months for a corporation required to file electronically if (1) you want the additional (not automatic) 3-month extension	st., 6069, or 8870, group						
returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed	ed 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 Cha	rities & Nonprofits.						
	yer identification number						
print Coloradans for fairness and Cyuality aba 102	0758897						
File by the due date for filing your P. O. BOX 1620 Number, street, and room or suite no. If a P.O. box, see instructions. 103 Roundfable							
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
DENVER COLORADO 80201							
Check type of return to be filed (file a separate application for each return):							
Form 990 Form 990-T (corporation)	☐ Form 4720						
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227						
Form 990-EZ	☐ Form 6069						
☐ Form 990-PF ☐ Form 1041-A	☐ Form 8870						
• The books are in the care of ► KAREW BENKER Telephone No. ► 1303) 774-7745 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						
• If the organization does not have an office or place of business in the United States, check this box	If this is						
 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) for the whole group, check this box ▶ □ . If it is for part of the group, check this box 	. If this is I and attach O-T) extension of time diabove. The extension is						
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Document must be filed electronically. Paper documents will not be accepted. Document processing fee Fees & forms/cover sheets are subject to change. To access other information or print copies of filed documents, visit www.sos state.co.us and

select Business.



Colorado Secretary of State

Date and Time: 06/11/2010 10:35 AM

ID Number: 20051402318

\$25.00

Document number: 20101333931

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

ID number	20051402318
1. Entity name	Coloradans for Fairness and Equality (If changing the name of the corporation, indicate name BEFORE the name change)
2. New Entity name (1f applicable)	Colorado Civic Engagement Roundtable
3. (If the following statement applies, adopt the s Other amendments are attached.	tatement by marking the box and include an attachment)
4. If the nonprofit corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires	(mm/dd/yyyy)
OR	
	f duration as amended is perpetual, mark this box
5. (Optional) Delayed effective date	(mm/dd/yyyy)
	I pursuant to other organic statutes such as title 12, C.R.S. If ude an attachment stating the additional information.
Notice [.]	
acknowledgment of each individual causing individual's act and deed, or that the indiviperson on whose behalf the individual is c	he secretary of state for filing shall constitute the affirmation or ag such delivery, under penalties of perjury, that the document is the idual in good faith believes the document is the act and deed of the ausing the document to be delivered for filing, taken in conformity 0 of title 7, C.R.S., the constituent documents, and the organic

statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing

name and address of such individuals)

be delivered for filing	Lawrence	Cara	B.				
50 do	(Last)	(First)	(Mıddle)	(Suffix)			
	Isaacson Rosenba	um P.C.					
	(Street name and number or Post Office Box information) 1001 17th Street, Suite 1800						
	Denver	CO	80202				
	(City)	United S	(Postal/Zip Coo	de)			
	(Province – if applicable)	(Country – if	not US)				
(The document need not state the true name as of any additional individuals causing the doc							

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.