See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
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)

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Name of organization
COLORADO CIVIC ENGAGEMENT ROUNDTABLE

D Employer identification number
02-0758897

E Telephone number
(720) 214-6355

F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual

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

J Tax-exempt status (check only one) — [X] 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

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

Part I:
1 Contributions, gifts, grants, and similar amounts received
2 Program service revenue including government fees and contracts
3 Membership dues and assessments
4 Investment income
5a Gross amount from sale of assets other than inventory
   b Less: cost or other basis and sales expenses
   c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6 Special events and activities (complete schedule parts B of Schedule B). If any amount is from gaming, check here [ ]
   a Gross revenue (not including $ reported on line 1)
   b Less: direct expenses other than fundraising expenses
   c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
7a Gross sales of inventory, less returns and allowances
   b Less: cost of goods sold
   c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8 Other revenue (describe [ ])

9 Total revenue. Add lines 1, 2, 3, 4, 5a, 6a, 7a, and 8

10 Grants and similar amounts paid (attach schedule)
11 Benefits paid to or for members
12 Salaries, other compensation, and employee benefits
13 Professional fees and other payments to independent contractors
14 Occupancy, rent, utilities, and maintenance
15 Printing, publications, postage, and shipping
16 Other expenses (describe [ ])

17 Total expenses. Add lines 10 through 16

STMT 3

18 Excess or (deficit) for the year (Subtract line 17 from line 9)
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)
20 Other changes in net assets or fund balances (attach explanation)
21 Net assets or fund balances at end of year. Combine lines 18 through 20

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

Cash, savings, and investments
46,522
238,403

Land and buildings

Other assets (describe [ ])
7,113
8,303

Total assets
53,635
246,706

Total liabilities (describe [ ])
2,498
2,338

Net assets or fund balances (line 27 of column (B) must agree with line 21)
51,137
244,368

13000503 759523 ROUNDTABLE 2009.05070 COLORADO CIVIC ENGAGEMENT R ROUNDTABLE
**COLORADO CIVIC ENGAGEMENT ROUNDTABLE**

**Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

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, and other relevant information for each program title

**SEE STATEMENT 5**

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

**SEE STATEMENT 6**

(Grants $ 25,000.) If this amount includes foreign grants, check here

**SEE STATEMENT 7**

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

Other program services (attach schedule)

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

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

---

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

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (if not paid, enter -0-)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONICA PIERGROSSI</td>
<td>CHAIR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>WILL COYN</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LEDDY GARCIA-ECKSTEIN</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ELYNNE BANNON</td>
<td>DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MEGAN VAN ENS</td>
<td>EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>63,963</td>
<td>0.</td>
</tr>
</tbody>
</table>

---

**Form 990-EZ (2009)**

13000503 759523 COROOUNDTABLE 2009.05070 COLORADO CIVIC ENGAGEMENT R COROUND1
33. Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.
   - Yes: X
   - No: 

34. Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.
   - Yes: X
   - No: 

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 5038(e) notice, reporting, and proxy tax requirements?
      - Yes: X
      - No: 
   - b. If "Yes," does it file a tax return on Form 990-T for this year?
      - Yes: X
      - No: N/A
   - c. 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.
      - Yes: X
      - No: 

36. Enter amount of political contributions, direct or indirect, as described in the instructions.
   - Amount: 0

37a. Did the organization file Form 1120-POL for this year?
   - Yes: N/A
   - No: X

37b. 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?
   - Yes: X
   - No: 

38a. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?
   - Yes: N/A
   - No: X

39. Section 501(c)(7) organizations. Enter:
   - a. Gross receipts, included on line 10, for public use of club facilities.
      - Yes: N/A
      - No: 
   - b. Gross receipts, included on line 10, for public use of club facilities.
      - Yes: N/A
      - No: 

40a. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
   - section 4911:
     - Yes: X
     - No: 
   - section 4912:
     - Yes: X
     - No: 
   - section 4955:
     - Yes: X
     - No: 

40b. 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.
   - Yes: X
   - No: 

40c. 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.
   - Yes: X
   - No: 

40d. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.
   - Yes: X
   - No: 

40e. 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.
   - Yes: X
   - No: 

41. List the states with which a copy of this return is filed: NONE

42a. The organization's books are in care of KAREN BENKER Telephone no. (303) 774-7745
   - Located at PO BOX 1620, DENVER, CO ZIP + 4 80201

42b. 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)?
   - Yes: X
   - No: 

42c. 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.
   - Yes: X
   - No: 

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
   - Yes: 
   - No: N/A

44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.
   - Yes: X
   - No: 

45. Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.
   - Yes: X
   - No: 

Form 990-EZ (2009)
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

- 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 47 Did the organization make any transfers to an exempt non-charitable related organization?
- 49a If "Yes," was the related organization a section 527 organization?
- 49b

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."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NONE</strong></td>
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</table>

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

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."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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</table>

- d Total number of other independent contractors each receiving over $100,000

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.

**MEGAN VAN ENS, EXECUTIVE DIRECTOR**

Signature of officer

**ANTON COLLINS MITCHELL LLP**

303 EAST 17TH AVENUE, SUITE 600

DENVER, CO 80203

Paid Preparer's Use Only

Preparer's Signature

Date: 5/3/11

Check if self-employed

Preparer's identifying number (See instr.)

Phone: 303-830-1120

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

Yes No

Form 990-EZ (2009)
**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.

**Name of the organization**

**Employer identification number**

02-0758897

### Reason for Public Charity Status (All organizations must complete this part. See instructions)

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

   An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)

6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8. [ ] A community trust described in section 170(b)(1)(A)(vii). (Complete Part II)
9. [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
10. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

   a. [ ] Type I
   b. [ ] Type II
   c. [ ] Type III - Functionally integrated
   d. [ ] Type III - Other

   By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

   f. [ ] If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

   g. [ ] Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

   (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

   (ii) A family member of a person described in (i) above?

   (iii) A 35% controlled entity of a person described in (i) or (ii) above?

   [ ] Yes  
   [ ] No

### (i) Name of supported organization

<table>
<thead>
<tr>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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<td>Total</td>
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</tbody>
</table>

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

Schedule A (Form 990 or 990-EZ) 2009
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>405,889</td>
<td>256</td>
<td>179,675</td>
<td>439,167</td>
<td>1,024,987</td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>405,889</td>
<td>256</td>
<td>179,675</td>
<td>439,167</td>
<td>1,024,987</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>405,889</td>
<td>256</td>
<td>179,675</td>
<td>439,167</td>
<td>1,024,987</td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>11,444</td>
<td>3,013</td>
<td>2</td>
<td>187</td>
<td>17</td>
<td>14,663</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))</td>
<td>14</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2008 Schedule A, Part II, line 14</td>
<td>15</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part IV how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3. Gross receipts from activities that are not an unrelated trade or business under section 513</td>
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</tr>
<tr>
<td>4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
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<td></td>
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</tr>
<tr>
<td>5. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Public support (Subtract line 7 from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2006</th>
<th>(c) 2007</th>
<th>(d) 2008</th>
<th>(e) 2009</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Unrelated business taxable income &lt;less section 511 taxes&gt; from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total support (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## 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.

### 19b. 33 1/3% support tests - 2008.
If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

---

932023 02-08-10

13000503 759523 CORONUTABLE 2009.05070 COLORADO CIVIC ENGAGEMENT R COROND1
**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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

### Name of organization

<table>
<thead>
<tr>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLORADO CIVIC ENGAGEMENT ROUNDTABLE</td>
</tr>
</tbody>
</table>

### Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2. Political expenditures
3. Volunteer hours

### Part I-B

Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955
2. Enter the amount of any excise tax incurred by organization managers under section 4955
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
   - Yes
   - No
4a. Was a correction made?
4b. If "Yes," describe in Part IV.

### Part I-C

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4. Did the filing organization file Form 1120-POL for this year?
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made.

For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds. If none, enter 0-</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0-</th>
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</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009

LHA

13000503 759523 COROUNDTABLE  2009.05070 COLORADO CIVIC ENGAGEMENT R COROUND1
Part II-A  Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A  Check ☐ if the filing organization belongs to an affiliated group.
B  Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td>1,422.</td>
</tr>
<tr>
<td>b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>1,422.</td>
</tr>
<tr>
<td>c Total lobbying expenditures (add lines 1a and 1b)</td>
<td>1,422.</td>
</tr>
<tr>
<td>d Other exempt purpose expenditures</td>
<td>102,356.</td>
</tr>
<tr>
<td>e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>103,778.</td>
</tr>
<tr>
<td>f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td>20,756.</td>
</tr>
</tbody>
</table>

If the amount on line 1e, column (a) or (b) is:

| Not over $500,000 | The lobbying nontaxable amount is: 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000. |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000. |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000. |
| Over $17,000,000 | $1,000,000. |

g Grassroots nontaxable amount (enter 25% of line 1f) | 5,189. |
|h Subtract line 1g from line 1a. If zero or less, enter 0. | 0. |
i Subtract line 1f from line 1c. If zero or less, enter 0. | 0. |
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No |

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period  
(Calendar year (or fiscal year beginning in)  | (a) 2006  | (b) 2007  | (c) 2008  | (d) 2009  | (e) Total  |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td>30,815.</td>
<td>20,756.</td>
<td>51,571.</td>
<td>77,357.</td>
<td></td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td>30,815.</td>
<td>1,422.</td>
<td>32,237.</td>
<td>19,340.</td>
<td></td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td>7,704.</td>
<td>5,189.</td>
<td>12,893.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2009
Schedule C (Form 990 or 990-EZ) 2009  
COLORADO CIVIC ENGAGEMENT ROUNDTABLE  02-0758897  Page 3

**Part III-B**
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."

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

**Supplemental Information**
Complete 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 1. Also, complete this part for any additional information.
### Other Expenses Statement 1

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Training &amp; Development</td>
<td>5,281.</td>
</tr>
<tr>
<td>Other</td>
<td>8,486.</td>
</tr>
<tr>
<td><strong>Total to Form 990-EZ, Line 16</strong></td>
<td><strong>13,767.</strong></td>
</tr>
</tbody>
</table>

### Other Assets Statement 2

<table>
<thead>
<tr>
<th>Description</th>
<th>Beg. of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepaid Expenses</td>
<td>0.</td>
<td>3,975.</td>
</tr>
<tr>
<td>Deposits</td>
<td>0.</td>
<td>1,294.</td>
</tr>
<tr>
<td>Other Depreciable Assets</td>
<td>7,113.</td>
<td>3,034.</td>
</tr>
<tr>
<td><strong>Total to Form 990-EZ, Line 24</strong></td>
<td><strong>7,113.</strong></td>
<td><strong>8,303.</strong></td>
</tr>
<tr>
<td>Class of Activity/Grantee's Name and Address</td>
<td>Grantee's Relationship</td>
<td>Amount</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Grants to Other Organizations</td>
<td>None</td>
<td>25,000</td>
</tr>
<tr>
<td>Progress Now Colorado Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1536 Wynkoop St. #203</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denver, CO 80202</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total included on Form 990-EZ, Line 10: 25,000.
A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . . . . . . . . . . . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . . [ ] YES [X] NO
MEMBERSHIP PROGRAM: BUILT BROAD MULTI-ISSUE COALITION WORKING COLLECTIVELY TO INCLUDE ALL COLORADOANS IN OUR PROCESS IN BUILDING A JUST AND EQUITABLE STATE. COORDINATING THE CAPACITY OF GROUPS AND PROVIDING STRATEGIC RESOURCES.
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.
PROMOTION OF CIVIL RIGHTS AND THE FIGHT AGAINST DISCRIMINATION
Part II Additional (Not Automatic) 3-Month Extension of Time

Type or print
- Name of exempt organization: Colorado Civic Engagement Roundtable
- File by the extended due date for filing your return. See instructions.
- City, town or post office, state, and ZIP code. For a foreign address: Denver, CO 80201

Enter the Return code for the return that this application is for (file a separate return if necessary):

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Ap Is</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>01</td>
<td></td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>03</td>
<td>Form 4720</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
</tr>
</tbody>
</table>

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.

- The books are in the care of Karen M. Benker
  - Telephone No.: 303 774-7745
  - FAX No.: 303 774-7745

- 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. For part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 2011.
5 For calendar year July 1, 2009, and ending June 30, 2010.
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return
7 State in detail why you need the extension

CCER requires additional time to prepare an accurate filing of Form 990.

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.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8888.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification
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: Megan Diven
Title: Executive Director
Date: January 26, 2011
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box □.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

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

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of Exempt Organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

File by the extended due date for filing the return. See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

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

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

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

- The books are in the care of □ .................................................. Telephone No. □ .................................. FAX No. □ ..................................

- If the organization does not have an office or place of business in the United States, check this box □.

- If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) □. If this is for the whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until □.
5 For calendar year □, or other tax year beginning □ and ending □.
6 If this tax year is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period □.
7 State in detail why you need the extension □.

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

### Signature and Verification

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 □ [Signature] Title □ [Title] Date □ [Date]

Form 8868 (Rev. 4-2009)
Application for Extension of Time To File an Exempt Organization Return

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 Part II of this form.

Do not complete Part II if you have already been granted an automatic 3-month extension.

Part I: Automatic 3-Month Extension of Time. Only submit one.

A corporation required to file Form 990-T and requesting an automatic 3-month extension of Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts are not required to file Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/eFile and click on "file for Charities & Nonprofits."

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if your organization is not required to file Form 990-T electronically if (1) you want the additional (not automatic) 3-month extension of time to file your return, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/eFile and click on "file for Charities & Nonprofits."

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

☐ Form 990
☐ Form 990-BL
☒ Form 990-EZ
☐ Form 990-PF

Employee identification number

☐ 32 0695897

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

DENVER, COLORADO 80201

Employer identification number

☐ 02 0758897

Telephone No. ➤ (303) 774-7745 FAX No. ➤ (303) 774-7745

Part II: Automatic 3-Month Extension of Time. Only submit one.

☐ 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.

☐ If the organization does not have an office or place of business in the United States, check this box.

☐ The books are in the care of Karen Benke.

☐ 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

☐ 3b 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.

☐ 3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

☐ 3a $ 0

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

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

☐ ☐ calendar year 2010

☐ ☐ tax year beginning July 1, 2009, and ending June 30, 2010

a 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 or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

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

(if applicable)

Colorado Civic Engagement Roundtable

3. (If the following statement applies, adopt the statement by marking the box and include an attachment)

☐ Other amendments are attached.

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

If the nonprofit corporation’s period of duration as amended is perpetual, mark this box ☑

5. (Optional) Delayed effective date

(mm/dd/yyyy)

6. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If applicable, mark this box ☐ and include an attachment stating the additional information.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual’s act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 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

Lawrence Cara B.
(Last) (First) (Middle) (Suffix)
Isaacson Rosenbaum P.C.
(Serial name and number or Post Office Box information)
1001 17th Street, Suite 1800
(City)
Denver CO 80202
(State) (Postal/Zip Code)
United States
(Province – if applicable) (Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box □ and include an attachment stating the name and address of such individuals.)

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.