

Return of Organization Exempt From Income Tax

2001

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year period beginning **OCT 1, 2001** and ending **SEP 30, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CONNECTIONS FOR INDEPENDENT LIVING	D Employer identification number 74-2418249
		Number and street (or P O box if mail is not delivered to street address) 1024 9TH AVENUE	Room/suite
		City or town, state or country, and ZIP + 4 GREELEY, CO 80631	E Telephone number 970-352-8682
		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) 	

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN

G Web site **N/A**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **249,390.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a		8,939.	
	b Indirect public support	1b			
	c Government contributions (grants)	1c		175,464.	
	d Total (add lines 1a through 1c) (cash \$ <u>182,003.</u> noncash \$ <u>2,400.</u>)		1d		184,403.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		56,630.
	3 Membership dues and assessments		3		
	4 Interest on savings and temporary cash investments		4		583.
	5 Dividends and interest from securities		5		
	6 a Gross rents	6a			
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)		6c			
7 Other investment income (describe)		7			
8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	8a		
b Less cost or other basis and sales expenses			8b		
c Gain or (loss) (attach schedule)			8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
9 Special events and activities (attach schedule)					
10 a Gross sales of inventory, less returns and allowances			9a	7,417.	
b Less direct expenses other than fundraising expenses			9b	7,417.	
c Net income or (loss) from special events (subtract line 9b from line 9a)			9c	0.	
10 b Gross profit (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c		
11 Other revenue (from Part VII, line 103)			11	357.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	241,973.	
13 Program services (from line 44, column (B))			13	263,317.	
14 Management and general (from line 44, column (C))			14	28,451.	
15 Fundraising (from line 44, column (D))			15	5,389.	
16 Payments to affiliates (attach schedule)			16		
17 Total expenses (add lines 16 and 44, column (A))			17	297,157.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	<55,184.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	245,194.	
20 Other changes in net assets or fund balances (attach explanation)			20	0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	190,010.	

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Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	42,879.	38,340.	3,638.
26	Other salaries and wages	26	160,054.	143,113.	13,580.
27	Pension plan contributions	27	3,198.	2,860.	271.
28	Other employee benefits	28	13,488.	12,060.	1,144.
29	Payroll taxes	29	15,412.	13,781.	1,308.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	5,185.	4,408.	777.
34	Telephone	34	7,195.	5,897.	1,226.
35	Postage and shipping	35	1,137.	742.	206.
36	Occupancy	36	15,950.	13,838.	2,070.
37	Equipment rental and maintenance	37	1,445.	1,300.	145.
38	Printing and publications	38	368.	174.	144.
39	Travel	39	3,522.	2,805.	617.
40	Conferences, conventions, and meetings	40	3,946.	2,446.	1,500.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	906.	670.	236.
43	Other expenses not covered above (itemize)				
a	INSURANCE	43a	614.	500.	114.
b	PROFESSIONAL FEES	43b	2,950.	1,475.	1,475.
c	SPECIFIC ASSISTANCE	43c	12,292.	12,292.	
d	MISCELLANEOUS	43d	6,616.	6,616.	
e		43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	297,157.	263,317.	28,451.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ; (iii) the amount allocated to Management and general \$ _____ , and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
ASSIST DEAF AND DISABLED INDIVIDUALS All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a INDEPENDENT LIVING SERVICES FOUR CORE SERVICES-INFORMATION AND REFERRAL, SYSTEMS AND INDIVIDUAL ADVOCACY, PEER COUNSELING AND SUPPORT, INDEPENDENT LIVING SKILLS TRAINING (Grants and allocations \$ _____)	154,643.
b OLDER BLIND PROGRAM ASSISTANCE TO PERSONS AGE 55 AND OLDER WHO ARE BLIND OR VISUALLY IMPAIRED (Grants and allocations \$ _____)	62,251.
c INTERPRETING SIGN LANGUAGE INTERPRETING PROVIDED ON A FEE SERVICE BASIS FOR INDIVIDUALS WHO ARE DEAF (Grants and allocations \$ _____)	28,297.
d COMMUNITY EDUCATION TRAINING TO SCHOOLS, BUSINESSES, GOVERNMENTAL AGENCIES, SERVICE CLUBS, ETC, ON DISABILITY AWARENESS AND ADA AWARENESS (Grants and allocations \$ _____)	18,126.
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	263,317.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	72,820.	46	73,836.
	47 a Accounts receivable	47a 11,588.		
	b Less allowance for doubtful accounts	47b	47c 6,697.	11,588.
	48 a Pledges receivable	48a 82,622.		
	b Less allowance for doubtful accounts	48b	48c 121,350.	82,622.
	49 Grants receivable		49 10,200.	37,083.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 21,021.			
b Less accumulated depreciation	57b 15,581.	57c 5,607.	5,440.	
58 Other assets (describe <input type="checkbox"/>)		58 45,159.		
59 Total assets (add lines 45 through 58) (must equal line 74)		59 261,833.	210,569.	
Liabilities	60 Accounts payable and accrued expenses	15,151.	60	13,337.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 2	1,488.	64b	
	65 Other liabilities (describe <input type="checkbox"/> A/P OTHER)		65	7,222.
66 Total liabilities (add lines 60 through 65)		66 16,639.	20,559.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	78,685.	67	107,388.
	68 Temporarily restricted	166,509.	68	82,622.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		73 245,194.	190,010.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		74 261,833.	210,569.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES					56,630.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	583.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			02		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	357.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		940.	56,630.
105 Total (add line 104, columns (B), (D), and (E))					57,570.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93 A	PROGRAM FEES CHARGED TO COVER COST OF PROVIDING INTERPRETING SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)


(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

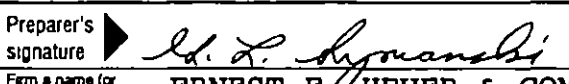
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign Here:  Date: 12/18/02 Type or print name and title: BETH DANIELSON, EXEC DIRECTOR

Paid Preparer's Use Only: Preparer's signature:  Date: 11/22/2002 Check if self-employed: Preparer's SSN or PTIN: Firm's name (or yours if self-employed), address, and ZIP + 4: ERNEST E. HEUER & COMPANY, P.C., C.P.A., 11990 GRANT STREET SUITE 101, NORTHGLENN, CO 80233-1122 EIN: Phone no: 303-450-0400

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization

CONNECTIONS FOR INDEPENDENT LIVING

Employer identification number

74 2418249

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	205,509.	171,478.	117,124.	403,668.	897,779.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	51,451.	93,430.	21,054.	32,970.	198,905.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	434.	435.	147.		1,016.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	566.	5,281.	6,203.	2,253.	14,303.
23 Total of lines 15 through 22	257,960.	270,624.	144,528.	438,891.	1,112,003.
24 Line 23 minus line 17	206,509.	177,194.	123,474.	405,921.	913,098.
25 Enter 1% of line 23	2,580.	2,706.	1,445.	4,389.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 18,262.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 913,098.
d Add: Amounts from column (e) for lines 18 <u>1,016.</u> 19 _____ 22 <u>14,303.</u> 26b _____					26d 15,319.
e Public support (line 26c minus line 26d total)					26e 897,779.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.3223%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -
Not over \$500,000		20% of the amount on line 40
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	41	\$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
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

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 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
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 other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Employer identification number

CONNECTIONS FOR INDEPENDENT LIVING

74-2418249

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

CONNECTIONS FOR INDEPENDENT LIVING

74-2418249

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 84,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 47,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 13,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
4		\$ 8,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Depreciation report

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CONNECTIONS FOR INDEPENDENT LIVING 74-2418249

Reporting Period October 1, 2001 to September 30, 2002

Current Amount
+/- Salvage Value/Both
F/P Full/Partial Retirement

Asset ID	Description	Placed In Service	Life	Method/ Convention	Cost	Section 179	Depreciable Basis	Depreciation		Accumulated
								Prior	Current	
001	METAL DESK	06/01/1981	5y 0m	DB200 / HY	25 00	0 00	25 00	25 00	0 00	25 00
002	4 DRAWER FILE	06/01/1981	5y 0m	DB200 / HY	75 00	0 00	75 00	75 00	0 00	75 00
003	4 DRAWER FILE CAB	06/01/1981	5y 0m	DB200 / HY	100 00	0 00	100 00	100 00	0 00	100 00
004	OLYMPIA TYPEWRITER	06/01/1981	5y 0m	DB200 / HY	500 00	0 00	500 00	500 00	0 00	500 00
005	BOOKCASE	06/01/1981	5y 0m	DB200 / HY	75 00	0 00	75 00	75 00	0 00	75 00
006	SHARP CALCULATOR	05/01/1981	5y 0m	DB200 / HY	10 00	0 00	10 00	10 00	0 00	10 00
007	TDD MINICOM 87629	05/01/1983	5y 0m	DB200 / HY	150 00	0 00	150 00	150 00	0 00	150 00
008	TDD N=MINICOM 77085	06/01/1986	5y 0m	DB200 / HY	150 00	0 00	150 00	150 00	0 00	150 00
009	TDD MINICOM 44164	06/01/1986	5y 0m	DB200 / HY	150 00	0 00	150 00	150 00	0 00	150 00
010	SEC DESK METAL	06/01/1987	5y 0m	200SL / HY	25 00	0 00	25 00	25 00	0 00	25 00
011	DESK WOODEN EXECU	06/01/1987	5y 0m	200SL / HY	75 00	0 00	75 00	75 00	0 00	75 00
012	DESK CHAIRS-3	05/01/1987	3y 0m	200SL / HY	15 00	0 00	15 00	15 00	0 00	15 00
013	SIDE CHAIRS-2	06/01/1987	5y 0m	200SL / HY	5 00	0 00	5 00	5 00	0 00	5 00
014	HON FILE CAB 4DR BLA	06/01/1987	5y 0m	200SL / HY	108 00	0 00	108 00	108 00	0 00	108 00
015	BOOKCASE-SMALL	06/01/1987	5y 0m	200SL / HY	5 00	0 00	5 00	5 00	0 00	5 00
016	REFRIGERATOR-AVANT	06/01/1987	5y 0m	200SL / HY	30 00	0 00	30 00	30 00	0 00	30 00
017	CLOCK	06/01/1987	5y 0m	DB200 / HY	14 00	0 00	14 00	14 00	0 00	14 00
018	COUCH & CHAIR	09/01/1987	5y 0m	DB200 / HY	1 00	0 00	1 00	1 00	0 00	1 00
019	TOSHIBA PHONES-2	09/01/1987	5y 0m	DB200 / HY	358 00	0 00	358 00	358 00	0 00	358 00
020	COPY TABLE	10/01/1987	5y 0m	DB200 / HY	6 00	0 00	6 00	6 00	0 00	6 00

Depreciation Report

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CONNECTIONS FOR INDEPENDENT LIVING 74-2418249

Reporting Period October 1, 2001 to September 30, 2002

Current Amount
+/-s/b Reduced by ITC/
Salvage Value/Both
F/P Full/Partial Retirement

Asset ID	Description	Placed In Service	Life	Method/ Convention	Cost	Section 179	Depreciable Basis	Depreciation		Accumulated
								Prior	Current	
021	BULLETIN BOARD	10/01/1987	5y 0m	DB200 / HY	33 00	0 00	33 00	33 00	0 00	33 00
022	WINDOW BLINDS	10/01/1987	5y 0m	DB200 / HY	85 00	0 00	85 00	85 00	0 00	85 00
023	FILE CABINET G R I P	02/01/1988	3y 0m	DB200 / HY	22 00	0 00	22 00	22 00	0 00	22 00
024	CALCULATOR-AIMS	03/01/1988	3y 0m	DB200 / HY	15 00	0 00	15 00	15 00	0 00	15 00
025	MINICOM TCC 16461	05/01/1988	5y 0m	DB200 / HY	200 00	0 00	200 00	200 00	0 00	200 00
026	OFFICE CHAIR-GRAY	06/01/1988	5y 0m	DB200 / HY	35 00	0 00	35 00	35 00	0 00	35 00
027	ROYAL ELEC TYPEWRI	10/01/1988	5y 0m	DB200 / HY	200 00	0 00	200 00	200 00	0 00	200 00
028	4 DRAWER FILE-DONAT	03/10/1989	5y 0m	DB200 / HY	50 00	0 00	50 00	50 00	0 00	50 00
029	MINICOM TDD 61956	06/30/1989	5y 0m	DB200 / HY	196 00	0 00	196 00	196 00	0 00	196 00
030	USED SEC DESK-BROW	01/31/1990	5y 0m	DB200 / HY	20 00	0 00	20 00	20 00	0 00	20 00
031	FILE CABINET	04/27/1990	7y 0m	DB200 / HY	43 00	0 00	43 00	43 00	0 00	43 00
032	USED DESK	04/30/1990	7y 0m	DB200 / HY	70 00	0 00	70 00	70 00	0 00	70 00
033	2 USED SEC CHAIRS	04/30/1990	5y 0m	DB200 / HY	40 00	0 00	40 00	40 00	0 00	40 00
034	12 CLOTH STACK CHAI	04/30/1990	7y 0m	DB200 / HY	150 00	0 00	150 00	144 00	0 00	144 00
035	WINDOW BLINDS	04/30/1990	10y 0m	DB200 / HY	228 00	0 00	228 00	212 00	0 00	212 00
036	4 FOLDING TABLES	04/30/1990	7y 0m	DB200 / HY	129 00	0 00	129 00	124 00	0 00	124 00
037	BOOKSHELF	04/30/1990	5y 0m	DB200 / HY	61 00	0 00	61 00	61 00	0 00	61 00
038	4 DRAWER FILE CAB	05/05/1990	7y 0m	DB200 / HY	53 00	0 00	53 00	53 00	0 00	53 00
039	286 COMPUTER	05/21/1990	5y 0m	DB200 / HY	1240 00	0 00	1240 00	1240 00	0 00	1240 00
040	A/B COMP SWITCH	05/21/1990	5y 0m	DB200 / HY	27 00	0 00	27 00	27 00	0 00	27 00

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CONNECTIONS FOR INDEPENDENT LIVING 74-2418249

Reporting Period October 1, 2001 to September 30, 2002

* Current Amount
+/s/b Reduced by ITC/
Salvage Value/Both
F/P Full/Partial Retirement

Asset ID	Description	Placed in Service	Life	Method/ Convention	Cost	Section 179	Depreciable Basis	Depreciation		Accumulated
								Prior	Current	
041	PANASONIC PRINTER	05/21/1990	5y 0m	DB200 / HY	195 00	0 00	195 00	195 00	0 00	195 00
042	OKIDATA WIDE PRINTE	05/21/1990	5y 0m	DB200 / HY	249 00	0 00	249 00	249 00	0 00	249 00
043	TDD MINICOM	08/31/1990	5y 0m	DB200 / HY	160 00	0 00	160 00	160 00	0 00	160 00
044	MINICOM TDD 1 OF 9	09/22/1992	5y 0m	DB200 / HY	234 00	0 00	234 00	222 00	0 00	222 00
045	MINICOM TDD 2 OF 9	09/22/1992	5y 0m	DB200 / HY	234 00	0 00	234 00	222 00	0 00	222 00
046	MINICOM TDD 3 OF 9	09/22/1992	5y 0m	DB200 / HY	234 00	0 00	234 00	222 00	0 00	222 00
047	7 USED VU PHONES	09/22/1992	5y 0m	DB200 / HY	682 00	0 00	682 00	648 00	0 00	648 00
048	BRAILLE PRINTER	03/01/1995	5y 0m	DB200 / HY	1600 00	0 00	1600 00	1260 00	0 00	1260 00
049	SCANNER	03/01/1995	5y 0m	DB200 / HY	995 00	0 00	995 00	785 00	0 00	785 00
050	MCW COMPUTER	03/01/1995	5y 0m	DB200 / HY	1400 00	0 00	1400 00	1103 00	0 00	1103 00
051	COMPAQ 774 CDS	10/03/1995	5y 0m	DB200 / HY	3098 00	0 00	3098 00	2238 00	0 00	2238 00
052	COMPAQ 774	10/03/1995	5y 0m	DB200 / HY	1394 00	0 00	1394 00	1008 00	0 00	1008 00
053	XEROX 5016 COPIER	10/03/1995	5y 0m	DB200 / HY	3999 00	0 00	3999 00	2890 00	0 00	2890 00 F
054	COMPUTER	04/25/2000	5y 0m	DB200 / HY	3373 00	0 00	3373 00	1754 20	647 52	2401 72
055	800C GATEWAY COMP	05/11/2001	5y 0m	DB200 / HY	863 00	0 00	863 00	172 60	138 08	310 68 F
056	IBM COMPUTER	08/02/2002	5y 0m	MF200 / MQ	1200 00	0 00	1200 00	0 00	60 00	60 00
057	IBM COMPUTER	08/02/2002	5y 0m	MF200 / MQ	1200 00	0 00	1200 00	0 00	60 00	60 00

Depreciation Report

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CONNECTIONS FOR INDEPENDENT LIVING 74-2418249

Reporting Period October 1, 2001 to September 30, 2002

Current Amount
 +/s/b Reduced by ITC/
 Salvage Value/Both
 F/P Full/Partial Retirement

Asset ID	Description	Placed In Service	Life	Method/ Convention	Cost	Section 179	Depreciable Basis	Depreciation		
								Prior	Current	Accumulated
Grand Total for CONNECTIONS FOR INDEPENDENT LIVING										
	Beginning Balances				25884.00	0 00	25884 00	17875 80	905.60	18781 40
	Asset Additions				23484 00	0 00	23484 00	17875 80	785 60	18661 40
	Asset Retirement				2400 00	0 00	2400 00	0 00	120 00	120 00
	Ending Balances				4862 00	0 00	4862 00	3062 60	138 08	3200 68
					21022 00	0 00	21022 00	14813 20	767 52	15580 72

Total Number of Assets on Report 57

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WINE TASTING EVENT	14,964.	7,547.	7,417.	7,417.	0.
TO FM 990, PART I, LINE 9	14,964.	7,547.	7,417.	7,417.	0.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 2

LENDER'S NAME TERMS OF REPAYMENT

IRS-INSTALLMENT AGREEMENT-W/H TAXES

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		0.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 3

DESCRIPTION	AMOUNT
SPECIAL EVENT DIRECT REVENUE	7,417.
TOTAL TO FORM 990, PART IV-A	7,417.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 4

DESCRIPTION	AMOUNT
SPECIAL EVENT DIRECT EXPENSES	7,417.
TOTAL TO FORM 990, PART IV-B	7,417.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BETH DANIELSON 1024 9TH AVENUE GREELEY, CO 80682	EXEC DIRECTOR 40 PLUS	42,879.	1,715.	0.
JIM DIEHL 1521 30TH AVEUNE GREELEY, CO 80634	PRESIDENT 1-2	0.	0.	0.
KEITH MCINTYRE 525 COLLINS ST EATON, CO 80615	PRES ELECT 1-2	0.	0.	0.
LINDA WINTER 24959 WCR 66 GREELEY, CO 80631	SECRETARY 1-2	0.	0.	0.
ALVINA LANG 3424 WINDMILL CT EVANS, CO 80620	TREASURER 1-2	0.	0.	0.
JIM ADAMS 19668 WCR 74 EATON, CO 80615	DIRECTOR 1-2	0.	0.	0.
BOB CARON 822 7TH STREET # 4 GREELEY, CO 80631	DIRECTOR 1-2	0.	0.	0.
DOUG DANE 1113 SIMPSON ST PO BOX 375 FT MORGAN, CO 80701	DIRECTOR 1-2	0.	0.	0.
DOROTHY LOFTUS-NALL 4329 1ST STREET GREELEY, CO 80634	DIRECTOR 1-2	0.	0.	0.
RONNIE LOPEZ 1110 7TH AVE GREELEY, CO 80631	DIRECTOR 1-2	0.	0.	0.
WALLY SCHREIBER 1432 11TH STREET GREELEY, CO 80631	DIRECTOR 1-2	0.	0.	0.

CONNECTIONS FOR INDEPENDENT LIVING

74-2418249

MATTHEW SCHUMAN 1726 8TH AVENUE # 2 GREELEY, CO 80631	DIRECTOR 1-2	0.	0.	0.
ARTHUR STONE 4543 CARLSBAD DR GREELEY, CO 80634	DIRECTOR 1-2	0.	0.	0.
KARL DUKSTEIN 1321 12TH STREET GREELEY, CO 80631	DIRECTOR 1-2	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V	42,879.	1,715.	0.
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SCHEDULE A	OTHER INCOME	STATEMENT	6
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DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	566.	5,281.	6,203.	2,253.
TOTAL TO SCHEDULE A, LINE 22	566.	5,281.	6,203.	2,253.