

Return of Organization Exempt From Income Tax

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 2002 calendar year, or tax year period beginning **OCT 1, 2002** and ending **SEP 30, 2003**

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	C Name of organization CONNECTIONS FOR INDEPENDENT LIVING	D Employer identification number 74-2418249
	Please use IRS label or print or type See Specific Instructions Number and street (or P O box if mail is not delivered to street address) Room/suite 1024 9TH AVENUE	E Telephone number 970-352-8682
	City or town, state or country, and ZIP + 4 GREELEY, CO 80631	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

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **344,713.**

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

FILMED DEC 23 2003

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	49,955.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	198,844.		
	d	Total (add lines 1a through 1c) (cash \$ 248,799. noncash \$)	1d	248,799.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	83,490.		
	3	Membership dues and assessments	3			
	4	Interest on savings and investments, cash investments	4	53.		
	5	Dividends and interest from securities	5			
	6a	Gross receipts	6a			
	6b	Less: related expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income or (loss) (attach schedule)	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ 9,655. of contributions reported on line 1a)	9a	11,403.		
	b	Less: direct expenses other than fundraising expenses	9b	11,403.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1	0.		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
Expenses	11	Other revenue (from Part VII, line 103)	11	968.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	333,310.		
	13	Program services (from line 44, column (B))	13	270,116.		
	14	Management and general (from line 44, column (C))	14	29,305.		
	15	Fundraising (from line 44, column (D))	15	6,637.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	306,058.		
	Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	27,252.	
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	190,010.	
		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	217,262.	

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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	44,250.	40,268.	3,097.
26	Other salaries and wages	26	152,615.	138,880.	10,683.
27	Pension plan contributions	27	5,373.	4,889.	376.
28	Other employee benefits	28	16,330.	14,860.	1,143.
29	Payroll taxes	29	14,936.	14,253.	119.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	5,194.	4,417.	777.
34	Telephone	34	7,539.	5,655.	1,800.
35	Postage and shipping	35	1,406.	911.	306.
36	Occupancy	36	16,200.	14,088.	2,070.
37	Equipment rental and maintenance	37	2,245.	2,100.	145.
38	Printing and publications	38	1,672.	242.	144.
39	Travel	39	4,803.	4,303.	400.
40	Conferences, conventions, and meetings	40	1,868.	1,300.	568.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	3,491.	2,618.	873.
43	Other expenses not covered above (itemize)				
a	PROFESSIONAL FEES	43a	3,150.	1,576.	1,574.
b	INSURANCE	43b	1,893.	1,661.	232.
c	SPECIFIC ASSISTANCE	43c	16,497.	16,497.	
d	MISCELLANEOUS	43d	2,012.	1,598.	414.
e	BAD DEBTS	43e	4,584.		4,584.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	306,058.	270,116.	29,305.

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? **▶**

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for 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 \$ _____)				156,625.
b	OLDER BLIND				
	ASSISTANCE TO PERSONS AGE 55 AND OLDER WHO ARE BLIND OR VISUALLY IMPAIRED (Grants and allocations \$ _____)				63,479.
c	INTERPRETING				
	SIGN LANGUAGE INTERPRETING PROVIDED ON A FEE SERVICE BASIS FOR INDIVIDUALS WHO ARE DEAF (Grants and allocations \$ _____)				30,642.
d	COMMUNITY EDUCATION				
	TRAINING TO SCHOOLS, BUSINESSES, GOVERNMENTAL AGENCIES, SERVICE CLUBS, ETC, ON DISABILITY AND ADA AWARENESS (Grants and allocations \$ _____)				19,370.
e	Other program services (attach schedule)				
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				270,116.

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	73,836.	46	110,848.
	47 a Accounts receivable	47a 9,756.		
	b Less allowance for doubtful accounts	47b	47c	9,756.
	48 a Pledges receivable	48a 72,361.		
	b Less allowance for doubtful accounts	48b	48c	72,361.
	49 Grants receivable		49	41,494.
	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	1,449.
	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 19,071.	57c	1,950.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)		210,569.	59	237,858.
Liabilities	60 Accounts payable and accrued expenses	13,337.	60	13,589.
	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		64b	
	65 Other liabilities (describe <input type="checkbox"/> A/P OTHER)	7,222.	65	7,007.
66 Total liabilities (add lines 60 through 65)		20,559.	66	20,596.
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	107,388.	67	144,901.
	68 Temporarily restricted	82,622.	68	72,361.
	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)		190,010.	73	217,262.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		210,569.	74	237,858.

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 VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2002
91 The books are in care of Telephone no
Located at ZIP + 4
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a PROGRAM SERVICE FEES					83,490.
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	53.	
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	968.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,021.	83,490.
105 Total (add line 104, columns (B), (D), and (E))					84,511.

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 page 32 of the instructions)

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 page 32 of the instructions)

(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 page 33 of the instructions)

- (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)

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Beth Danielson* Date: 12-10-03 Type or print name and title: BETH DANIELSON, EXEC DIRECTOR

Preparer's signature: *H. L. Szymanski* Date: 12/8/2003 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: BROCK AND COMPANY, CPAS, P.C. 11990 GRANT STREET, SUITE 101 NORTHGLENN, CO 80233

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

2002

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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	241,407.	205,509.	171,478.	117,124.	735,518.
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	51,739.	51,451.	93,430.	21,054.	217,674.
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	583.	434.	435.	147.	1,599.
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	357.	566.	5,281.	6,203.	12,407.
23 Total of lines 15 through 22	294,086.	257,960.	270,624.	144,528.	967,198.
24 Line 23 minus line 17	242,347.	206,509.	177,194.	123,474.	749,524.
25 Enter 1% of line 23	2,941.	2,580.	2,706.	1,445.	
26 Organizations described on lines 10 or 11					
a Enter 2% of amount in column (e), line 24					▶ 26a 14,990.
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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts					▶ 26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					▶ 26c 749,524.
d Add Amounts from column (e) for lines 18 1,599. 19 _____ 22 12,407. 26b _____					▶ 26d 14,006.
e Public support (line 26c minus line 26d total)					▶ 26e 735,518.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					▶ 26f 98.1313%
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	(2001)	(2000)	(1999)	(1998)	
	N/A				
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	(2001)	(2000)	(1999)	(1998)	
	N/A				
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 1998 through 2001, 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	

Tax Detail by Group & Location

FYE 9/30/2003

Asset Group	Date In Service	Location	Property Description	Period	Method	Cost	Current Depreciation	Prior Depreciation	End Depreciation
1	6/01/81	Location 1	METAL DESK	50	200DB	25 00	0 00	25 00	25 00
2	6/01/81	Location 1	4 DRAWER FILE	50	200DB	75 00	0 00	75 00	75 00
3	6/01/81	Location 1	4 DRAWER FILE CAB	50	200DB	100 00	0 00	100 00	100 00
4	6/01/81	Location 1	OLYMPIA TYPEWRITER	50	200DB	500 00	0 00	500 00	500 00
5	6/01/81	Location 1	BOOKCASE	50	200DB	75 00	0 00	75 00	75 00
6	6/01/81	Location 1	SHARP CALCULATOR	50	200DB	10 00	0 00	10 00	10 00
7	6/01/83	Location 1	TDD MINICOM 87629	50	200DB	150 00	0 00	150 00	150 00
8	6/01/86	Location 1	TDD N=MINICOM 77085	50	200DB	150 00	0 00	150 00	150 00
9	6/01/86	Location 1	TDD MINICOM 44164	50	200DB	150 00	0 00	150 00	150 00
10	6/01/87	Location 1	SEC.DESK METAL	50	200DB	25 00	0 00	25 00	25 00
11	6/01/87	Location 1	DESK WOODEN EXECUTIVE	50	200DB	75 00	0 00	75 00	75 00
12	6/01/87	Location 1	DESK CHAIRS-3	30	200DB	15 00	0 00	15 00	15 00
13	6/01/87	Location 1	SIDE CHAIRS-2	50	200DB	5 00	0 00	5 00	5 00
14	6/01/87	Location 1	HON FILE CAB 4DR BLACK	50	200DB	108 00	0 00	108 00	108 00
15	6/01/87	Location 1	BOOKCASE-SMALL	50	200DB	5 00	0 00	5 00	5 00
16	6/01/87	Location 1	REFRIGERATOR-AVANTI	50	200DB	30 00	0 00	30 00	30 00
17	6/01/87	Location 1	CLOCK	50	200DB	14 00	0 00	14 00	14 00
18	9/01/87	Location 1	COUCH & CHAIR	50	200DB	1 00	0 00	1 00	1 00
19	9/01/87	Location 1	TOSHIBA PHONES-2	50	200DB	358 00	0 00	358 00	358 00
20	10/01/87	Location 1	COPY TABLE	50	200DB	6 00	0 00	6 00	6 00
21	10/01/87	Location 1	BULLETIN BOARD	50	200DB	33 00	0 00	33 00	33 00
22	10/01/87	Location 1	WINDOW BLINDS	50	200DB	85 00	0 00	85 00	85 00
23	2/01/88	Location 1	FILE CABINET GR.IP	30	200DB	22 00	0 00	22 00	22 00
24	3/01/88	Location 1	CALCULATOR-AIMS	30	200DB	15 00	0 00	15 00	15 00
25	5/01/88	Location 1	MINICOM TCC 16461	50	200DB	200 00	0 00	200 00	200 00
26	6/01/88	Location 1	OFFICE CHAIR-GRAY	50	200DB	35 00	0 00	35 00	35 00
27	10/01/88	Location 1	ROYAL ELEC TYPEWRITER	50	200DB	200 00	0 00	200 00	200 00
28	3/10/89	Location 1	4 DRAWER FILE-DONATED	50	200DB	50 00	0 00	50 00	50 00
29	6/30/89	Location 1	MINICOM TDD 61956	50	200DB	196 00	0 00	196 00	196 00
30	1/31/90	Location 1	USED SEC DESK-BROWN	50	200DB	20 00	0 00	20 00	20 00
31	4/27/90	Location 1	FILE CABINET	70	200DB	43 00	0 00	43 00	43 00
32	4/30/90	Location 1	USED DESK	70	200DB	70 00	0 00	70 00	70 00
33	4/30/90	Location 1	2 USED SEC CHAIRS	50	200DB	40 00	0 00	40 00	40 00
34	4/30/90	Location 1	12 CLOTH STACK CHAIRS	70	200DB	150 00	6 00	144 00	150 00
35	4/30/90	Location 1	WINDOW BLINDS	100	200DB	228 00	16 00	212 00	228 00
36	4/30/90	Location 1	4 FOLDING TABLES	70	200DB	129 00	5 00	124 00	129 00
37	4/30/90	Location 1	BOOKSHELF	50	200DB	61 00	0 00	61 00	61 00
38	5/05/90	Location 1	4 DRAWER FILE CAB	70	200DB	53 00	0 00	53 00	53 00
39	5/21/90	Location 1	286 COMPUTER	50	200DB	1,240 00	0 00	1,240 00	1,240 00
40	5/21/90	Location 1	A/B COMP SWITCH	50	200DB	27 00	0 00	27 00	27 00
41	5/21/90	Location 1	PANASONIC PRINTER	50	200DB	195 00	0 00	195 00	195 00
42	5/21/90	Location 1	OKIDATA WIDE PRINTER	50	200DB	249 00	0 00	249 00	249 00
43	8/31/90	Location 1	TDD MINICOM	50	200DB	160 00	0 00	160 00	160 00
44	9/22/92	Location 1	MINICOM TDD 1 OF 9	50	200DB	234 00	12 00	222 00	234 00
45	9/22/92	Location 1	MINICOM TDD 2 OF 9	50	200DB	234 00	12 00	222 00	234 00
46	9/22/92	Location 1	MINICOM TDD 3 OF 9	50	200DB	234 00	12 00	222 00	234 00
47	9/22/92	Location 1	7 USED VU PHONES	50	200DB	682 00	34 00	648 00	682 00
48	3/01/95	Location 1	BRAILLE PRINTER	50	200DB	1,600 00	340 00	1,260 00	1,600 00
49	3/01/95	Location 1	SCANNER	50	200DB	995 00	210 00	785 00	995 00
50	3/01/95	Location 1	MCW COMPUTER	50	200DB	1,400 00	297 00	1,103 00	1,400 00
51	10/03/95	Location 1	COMPAQ 774 CDS	50	200DB	3,098 00	860 00	2,238 00	3,098 00
52	10/03/95	Location 1	COMPAQ 774	50	200DB	1,394 00	386 00	1,008 00	1,394 00
54	4/25/00	Location 1	COMPUTER	50	200DB	3,373 00	388 51	2,401 72	3,373 00
56	8/03/02	Location 1	IBM COMPUTER	50	200DB	1,200 00	456 00	60 00	1,240 00

Tax Detail by Group & Location

FYE 9/30/2003

Asset Service	Location	Property Description	Period	Method	Cost	Current Depreciation	Prior Depreciation	End Depreciation
57	8/03/02 Location 1	IBM COMPUTER	5 0	200DB	1,200.00	456.00	60.00	516.00
	Location 1				21,022.00	3,490.51	15,580.72	19,071.23
				Group 1	21,022.00	3,490.51	15,580.72	19,071.23
				Grand Total	21,022.00	3,490.51	15,580.72	19,071.23

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WINE TASTING EVENT	21,058.	9,655.	11,403.	11,403.	0.
TO FM 990, PART I, LINE 9	21,058.	9,655.	11,403.	11,403.	0.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 2

DESCRIPTION	AMOUNT
SPECIAL EVENT DIRECT REVENUE	11,403.
TOTAL TO FORM 990, PART IV-A	11,403.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 3

DESCRIPTION	AMOUNT
SPECIAL EVENT DIRECT EXPENSES	11,403.
TOTAL TO FORM 990, PART IV-B	11,403.

FORM 990

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

STATEMENT 4

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	44,250.	1,770.	0.
KEITH MCINTYRE 525 COLLINS ST EATON, CO 80615	PRESIDENT 1-2	0.	0.	0.
LINDA WINTER 24959 WCR 66 GREELEY, CO 80631	PRES ELECT 1-2	0.	0.	0.
ALVINA LANG 3427 WINDMILL CT EATON, CO 80620	TREASURER 1-2	0.	0.	0.
DOROTHY LOFTUS-NALL 4329 1ST STREET GREELEY, CO 80634	SECRETARY 1-2	0.	0.	0.
JIM ADAMS 19668 WCR 74 EATON, CO 80615	DIRECTOR 1-2	0.	0.	0.
MATTHEW SCHUMAN 1726 8TH AVE #2 GREELEY, CO 80631	DIRECTOR 1-2	0.	0.	0.
KARL DUKSTEIN 1215 11TH ST GREELEY, CO 80631	DIRECTOR 1-2	0.	0.	0.
JIM DIEHL 1521 30TH AVE GREELEY, CO 80634	COMMUNITY VOLUNTEER 1-2	0.	0.	0.
BOB CARON 822 7TH STREET #4 GREELEY, CO 80631	COMMUNITY VOLUNTEER 1-2	0.	0.	0.
BRIAN WRIGHT 3750 W 24TH ST#1-102 GREELEY, CO 80634	COMMUNITY VOLUNTEER 1-2	0.	0.	0.

CONNECTIONS FOR INDEPENDENT LIVING

74-2418249

WALLY SCHREIBER	COMMUNITY VOLUNTEER			
1432 11TH ST	1-2	0.	0.	0.
GREELEY, CO 80631				

TOTALS INCLUDED ON FORM 990, PART V	44,250.	1,770.	0.
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SCHEDULE A	OTHER INCOME	STATEMENT	5
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DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	357.	566.	5,281.	6,203.
TOTAL TO SCHEDULE A, LINE 22	357.	566.	5,281.	6,203.