

**Return of Organization Exempt From Income Tax**

**2003**

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 2003 calendar year, or tax year beginning **OCT 1, 2003** and ending **SEP 30, 2004**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: **CONNECTIONS FOR INDEPENDENT LIVING**  
 Number and street (or P.O. box if mail is not delivered to street address): **1024 9TH AVENUE**  
 City or town, state or country, and ZIP + 4: **GREELEY, CO 80631**

**D** Employer identification number: **74-2418249**

**E** Telephone number: **970-352-8682**

**F** Accounting method:  Cash  Accrual  
 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: **N/A**

H(c) Are all affiliates included?  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 Group Exemption Number: **N/A**

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

**G** Website: **N/A**

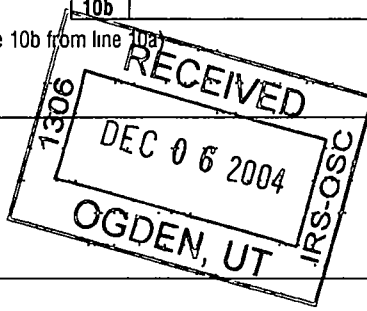
**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**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 **497,131.**

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

Net Assets/Expenses	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	1a	98,949.		
	<b>b</b> Indirect public support	1b			
	<b>c</b> Government contributions (grants)	1c	207,489.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>306,438.</b> noncash \$ _____)	1d		306,438.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		174,611.	
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4		72.	
	<b>5</b> Dividends and interest from securities	5			
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	<b>7</b> Other investment income (describe _____)	7			
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less: cost or other basis and sales expenses	8a			
	<b>c</b> Gain or (loss) (attach schedule)	8b			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	<b>8d</b>				
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <b>13,029.</b> of contributions reported on line 1a)	9a	15,814.		
	<b>b</b> Less: direct expenses other than fundraising expenses	9b	15,814.		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	0.		
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a				
<b>b</b> Less: cost of goods sold	10b				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
<b>11</b> Other revenue (from Part VII, line 103)	11		196.		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		481,317.		
<b>13</b> Program services (from line 44, column (B))	13		334,798.		
<b>14</b> Management and general (from line 44, column (C))	14		32,262.		
<b>15</b> Fundraising (from line 44, column (D))	15		8,173.		
<b>16</b> Payments to affiliates (attach schedule)	16				
<b>17</b> Total expenses (add lines 16 and 44, column (A))	17		375,233.		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18		106,084.		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		217,262.		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	20		0.		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		323,346.		



DEC 21 2004

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CONNECTIONS FOR INDEPENDENT LIVING

74-2418249

**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. Page 2

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	45,000.	40,325.	3,672.	1,003.
26	Other salaries and wages	205,572.	184,213.	16,775.	4,584.
27	Pension plan contributions	4,738.	4,246.	387.	105.
28	Other employee benefits	25,595.	22,936.	2,089.	570.
29	Payroll taxes	22,493.	20,178.	1,827.	488.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	5,058.	4,110.	316.	632.
34	Telephone	5,996.	4,996.	900.	100.
35	Postage and shipping	1,365.	870.	306.	189.
36	Occupancy	16,200.	14,088.	2,070.	42.
37	Equipment rental and maintenance	1,358.	1,223.	135.	
38	Printing and publications	616.	230.	86.	300.
39	Travel	5,074.	4,574.	400.	100.
40	Conferences, conventions, and meetings	795.	667.	128.	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	916.		916.	
43	Other expenses not covered above (itemize):				
a	<b>PROFESSIONAL FEES</b>	3,300.	1,650.	1,650.	
b	<b>INSURANCE</b>	2,122.	1,930.	132.	60.
c	<b>SPECIFIC ASSISTANCE</b>	24,297.	24,297.		
d	<b>MISCELLANEOUS</b>	4,738.	4,265.	473.	
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	375,233.	334,798.	32,262.	8,173.

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.)
<b>ASSIST DEAF AND DISABLED INDIVIDUALS</b>	
<b>a INDEPENDENT LIVING SERVICES</b>	
FOUR CORE SERVICES-INFORMATION AND REFERRAL, SYSTEMS AND INDIVIDUAL ADVOCACY, PEER COUNSELING AND SUPPORT, INDEPENDENT LIVING SKILLS TRAINING (Grants and allocations \$ _____)	165,896.
<b>b OLDER BLIND</b>	
ASSISTANCE TO INDIVIDUALS AGE 55 AND OLDER WHO ARE BLIND OR VISUALLY IMPAIRED (Grants and allocations \$ _____)	64,726.
<b>c INTERPRETING</b>	
SIGN LANGUAGE INTERPRETING PROVIDED ON A FEE SERVICE BASIS FOR INDIVIDUALS WHO ARE DEAF (Grants and allocations \$ _____)	77,558.
<b>d COMMUNITY EDUCATION</b>	
TRAINING TO SCHOOLS, BUSINESS, GOVERNMENTAL AGENCIES, SERVICE CLUBS, ETC, ON DISABILITY AND ADA AWARENESS (Grants and allocations \$ _____)	26,618.
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	334,798.

**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
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	110,848.	46	179,169.
	47 a Accounts receivable	47a 35,931.		
	b Less: allowance for doubtful accounts	47b	47c	35,931.
	48 a Pledges receivable	48a 101,093.		
	b Less: allowance for doubtful accounts	48b	48c	101,093.
	49 Grants receivable	41,494.	49	30,563.
	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	1,449.	53	1,449.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a 21,021.		
b Less: accumulated depreciation	55b 19,987.	55c	1,034.	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe <input type="checkbox"/> )		58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>237,858.</b>	<b>59</b>	<b>349,239.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	13,589.	60	19,812.
	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"/> <b>A/P OTHER</b> )	7,007.	65	6,081.	
<b>66 Total liabilities (add lines 60 through 65)</b>	<b>20,596.</b>	<b>66</b>	<b>25,893.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	144,901.	67	222,253.
	68 Temporarily restricted	72,361.	68	101,093.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	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	
<b>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)</b>	<b>217,262.</b>	<b>73</b>	<b>323,346.</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>237,858.</b>	<b>74</b>	<b>349,239.</b>	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	497,131.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	<b>STMT 3</b> \$ 15,814.		
	Add amounts on lines (1) through (4)	b	15,814.
c	Line a minus line b	c	481,317.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	481,317.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements	a	391,047.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	<b>STMT 4</b> \$ 15,814.		
	Add amounts on lines (1) through (4)	b	15,814.
c	Line a minus line b	c	375,233.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	375,233.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 5		45,000.	1,800.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <span style="float:right">81a 0.</span>		
b	Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	X
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.) <span style="float:right">82b N/A</span>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float:right">N/A</span>	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span> If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members <span style="float:right">85c N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g	
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? <span style="float:right">N/A</span>	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b N/A</span>		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float:right">87a N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b N/A</span>		
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? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
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? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">0.</span>		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2003 <span style="float:right">90b 19</span>		
91	The books are in care of <input type="checkbox"/> BETH DANIELSON Telephone no. <input type="checkbox"/> 970-352-8682		
	Located at <input type="checkbox"/> 1024 9TH AVENUE, GREELEY, CO ZIP + 4 <input type="checkbox"/> 80631		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92 N/A</span>		

**Part VII Analysis of Income-Producing Activities** (See page 33 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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a <b>PROGRAM SERVICE FEES</b>					174,611.
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	72.	
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 <b>MISCELLANEOUS</b>			01	196.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		268.	174,611.
105 Total (add line 104, columns (B), (D), and (E))					174,879.

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 34 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	<b>PROGRAM FEES CHARGED TO COVER COST OF PROVIDING INTERPRETING SERVICES</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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 <i>Beth Danielson</i>	Date 12-1-04
Paid Preparer's Use Only	Type or print name and title. <b>BETH DANIELSON, EXEC DIRECTOR</b>	
	Preparer's signature <i>B. L. Symonds</i>	Date 11/23/2004
323101 12-17-03	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>BROCK AND COMPANY, CPAS, P.C. 11990 GRANT STREET, SUITE 101 NORTHGLENN, CO 80233</b>	Check if self-employed <input type="checkbox"/>
	Preparer's SSN or PTIN	Phone no. <b>303-450-0400</b>

**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

**2003**

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				
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-----				
-----				
-----				
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
<b>1</b> 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 i 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
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	254,649.	241,407.	205,509.	171,478.	873,043.
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	85,322.	51,739.	51,451.	93,430.	281,942.
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	53.	583.	434.	435.	1,505.
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	968.	357.	566.	5,281.	7,172.
23 Total of lines 15 through 22	340,992.	294,086.	257,960.	270,624.	1,163,662.
24 Line 23 minus line 17	255,670.	242,347.	206,509.	177,194.	881,720.
25 Enter 1% of line 23	3,410.	2,941.	2,580.	2,706.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 17,634.
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 1999 through 2002 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 881,720.
d Add: Amounts from column (e) for lines: 18 1,505. 19 _____ 22 7,172. 26b _____					26d 8,677.
e Public support (line 26c minus line 26d total)					26e 873,043.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.0159%
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					
(2002) (2001) (2000) (1999)					
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					
(2002) (2001) (2000) (1999)					
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 1999 through 2002, 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

**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
	<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
<b>The lobbying nontaxable amount is -</b>		
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		\$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
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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 (e) Total
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** **N/A**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

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:

- 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.)

Yes	No	Amount
		0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked (X).

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule:

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

Tax Detail by Group & Location

FYE: 9/30/2004

Asset	Date In Service	Location	Property Description	Tax Period	Tax Method	Tax Cost	Tax Current Depreciation	Tax Prior Depreciation	Tax End Depr	Tax-Meth Conv
<b>Group: Group 1</b>										
<b>Location: Location 1</b>										
1	6/01/81	Location 1	METAL DESK	50	200DB	25.00	0.00	25.00	25.00	200DBMO
2	6/01/81	Location 1	4 DRAWER FILE	50	200DB	75.00	0.00	75.00	75.00	200DBMO
3	6/01/81	Location 1	4 DRAWER FILE CAB	50	200DB	100.00	0.00	100.00	100.00	200DBMO
4	6/01/81	Location 1	OLYMPIA TYPEWRITER	50	200DB	500.00	0.00	500.00	500.00	200DBMO
5	6/01/81	Location 1	BOOKCASE	50	200DB	75.00	0.00	75.00	75.00	200DBMO
6	6/01/81	Location 1	SHARP CALCULATOR	50	200DB	10.00	0.00	10.00	10.00	200DBMO
7	6/01/83	Location 1	TDD MINICOM 87629	50	200DB	150.00	0.00	150.00	150.00	200DBMO
8	6/01/86	Location 1	TDD N=MINICOM 77085	50	200DB	150.00	0.00	150.00	150.00	200DBMO
9	6/01/86	Location 1	TDD MINICOM 44164	50	200DB	150.00	0.00	150.00	150.00	200DBMO
10	6/01/87	Location 1	SEC DESK METAL	50	200DB	25.00	0.00	25.00	25.00	200DBMO
11	6/01/87	Location 1	DESK WOODEN EXECUTIVE	50	200DB	75.00	0.00	75.00	75.00	200DBMO
12	6/01/87	Location 1	DESK CHAIRS-3	30	200DB	15.00	0.00	15.00	15.00	200DBMO
13	6/01/87	Location 1	SIDE CHAIRS-2	50	200DB	5.00	0.00	5.00	5.00	200DBMO
14	6/01/87	Location 1	HON FILE CAB 4DR BLACK	50	200DB	108.00	0.00	108.00	108.00	200DBMO
15	6/01/87	Location 1	BOOKCASE-SMALL	50	200DB	5.00	0.00	5.00	5.00	200DBMO
16	6/01/87	Location 1	REFRIGERATOR-AVANTI	50	200DB	30.00	0.00	30.00	30.00	200DBMO
17	6/01/87	Location 1	CLOCK	50	200DB	14.00	0.00	14.00	14.00	200DBMO
18	9/01/87	Location 1	COUCH & CHAIR	50	200DB	1.00	0.00	1.00	1.00	200DBMO
19	9/01/87	Location 1	TOSHIBA PHONES-2	50	200DB	358.00	0.00	358.00	358.00	200DBMO
20	10/01/87	Location 1	COPY TABLE	50	200DB	6.00	0.00	6.00	6.00	200DBMO
21	10/01/87	Location 1	BULLETIN BOARD	50	200DB	33.00	0.00	33.00	33.00	200DBMO
22	10/01/87	Location 1	WINDOW BLINDS	50	200DB	85.00	0.00	85.00	85.00	200DBMO
23	2/01/88	Location 1	FILE CABINET GR I P	30	200DB	22.00	0.00	22.00	22.00	200DBMO
24	3/01/88	Location 1	CALCULATOR-AIMS	30	200DB	15.00	0.00	15.00	15.00	200DBMO
25	5/01/88	Location 1	MINICOM TCC 16461	50	200DB	200.00	0.00	200.00	200.00	200DBMO
26	6/01/88	Location 1	OFFICE CHAIR-GRAY	50	200DB	35.00	0.00	35.00	35.00	200DBMO
27	10/01/88	Location 1	ROYAL ELEC TYPEWRITER	50	200DB	200.00	0.00	200.00	200.00	200DBMO
28	3/10/89	Location 1	4 DRAWER FILE-DONATED	50	200DB	50.00	0.00	50.00	50.00	200DBMO
29	6/30/89	Location 1	MINICOM TDD 61956	50	200DB	196.00	0.00	196.00	196.00	200DBMO
30	1/31/90	Location 1	USED SEC DESK-BROWN	50	200DB	20.00	0.00	20.00	20.00	200DBMO
31	4/27/90	Location 1	FILE CABINET	70	200DB	43.00	0.00	43.00	43.00	200DBMO
32	4/30/90	Location 1	USED DESK	70	200DB	70.00	0.00	70.00	70.00	200DBMO
33	4/30/90	Location 1	2 USED SEC CHAIRS	50	200DB	40.00	0.00	40.00	40.00	200DBMO
34	4/30/90	Location 1	12 CLOTH STACK CHAIRS	70	200DB	150.00	0.00	150.00	150.00	200DBMO
35	4/30/90	Location 1	WINDOW BLINDS	100	200DB	228.00	0.00	228.00	228.00	200DBMO
36	4/30/90	Location 1	4 FOLDING TABLES	70	200DB	129.00	0.00	129.00	129.00	200DBMO
37	4/30/90	Location 1	BOOKSHELF	50	200DB	61.00	0.00	61.00	61.00	200DBMO
38	5/05/90	Location 1	4 DRAWER FILE CAB	70	200DB	53.00	0.00	53.00	53.00	200DBMO
39	5/21/90	Location 1	286 COMPUTER	50	200DB	1,240.00	0.00	1,240.00	1,240.00	200DBMO
40	5/21/90	Location 1	A/B COMP SWITCH	50	200DB	27.00	0.00	27.00	27.00	200DBMO
41	5/21/90	Location 1	PANASONIC PRINTER	50	200DB	195.00	0.00	195.00	195.00	200DBMO
42	5/21/90	Location 1	OKIDATA WIDE PRINTER	50	200DB	249.00	0.00	249.00	249.00	200DBMO
43	8/31/90	Location 1	TDD MINICOM	50	200DB	160.00	0.00	160.00	160.00	200DBMO
44	9/22/92	Location 1	MINICOM TDD 1 OF 9	50	200DB	234.00	0.00	234.00	234.00	200DBMO
45	9/22/92	Location 1	MINICOM TDD 2 OF 9	50	200DB	234.00	0.00	234.00	234.00	200DBMO
46	9/22/92	Location 1	MINICOM TDD 3 OF 9	50	200DB	234.00	0.00	234.00	234.00	200DBMO
47	9/22/92	Location 1	7 USED VU PHONES	50	200DB	682.00	0.00	682.00	682.00	200DBMO
48	3/01/95	Location 1	BRaille PRINTER	50	200DB	1,600.00	0.00	1,600.00	1,600.00	200DBMO
49	3/01/95	Location 1	SCANNER	50	200DB	995.00	0.00	995.00	995.00	200DBMO
50	3/01/95	Location 1	MCW COMPUTER	50	200DB	1,400.00	0.00	1,400.00	1,400.00	200DBMO
51	10/03/95	Location 1	COMPAQ 774 CDS	50	200DB	3,098.00	0.00	3,098.00	3,098.00	200DBMO
52	10/03/95	Location 1	COMPAQ 774	50	200DB	1,394.00	0.00	1,394.00	1,394.00	200DBMO
54	4/25/00	Location 1	COMPUTER	50	200DB	3,373.00	368.07	1,394.00	2,790.23	200DBMO
56	8/03/02	Location 1	IBM COMPUTER	50	200DB	1,200.00	273.60	516.00	789.60	200DBMQ

**Tax Detail by Group & Location**

FYE: 9/30/2004

Asset	Date In Service	Location	Property Description	Tax Period	Tax Method	Tax Cost	Tax Current Depreciation	Tax Prior Depreciation	Tax End Depr	Tax-Meth Conv
Group: Group 1   Location: Location 1 (continued)										
57	8/03/02	Location 1	IBM COMPUTER	5 0	200DB	1,200.00	273.60	516.00	789.60	200DBMQ
						21,022.00	915.27	19,071.23	19,986.50	
					<b>Group 1</b>	21,022.00	915.27	19,071.23	19,986.50	
					<b>Grand Total</b>	21,022.00	915.27	19,071.23	19,986.50	

FOOTNOTES

STATEMENT 1

9/30/2004 RECONCILIATION OF FINANCIAL STATEMENT  
REVENUE AND INCOME TAX RETURN REVENUE

9/30/2004 AUDITED FINANCIAL STATEMENT DATED 11/18/2004

TOTAL REVENUES AND OTHER SUPPORT	468,399.
LESS NET ASSETS RELEASED FROM RESTRICTIONS	-251,690.
PLUS GRANT REVENUES	280,422.

TOTAL REVENUES PER FINANCIAL STATEMENT	497,131.
--	----------

9/30/2004 FORM 990-RETURN OF ORGANIZATION EXEMPT  
FROM INCOME TAX

PAGE 4 PART IV-A LINE A, TOTAL REVENUE, GAINS AND OTHER SUPPORT PER AUDITED FINANCIAL STATEMENTS	497,131.
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FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
WINE TASTING EVENT	28,843.	13,029.	15,814.	15,814.	0.	
TO FM 990, PART I, LINE 9	28,843.	13,029.	15,814.	15,814.	0.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	3
DESCRIPTION		AMOUNT	
SPECIAL EVENT DIRECT REVENUE		15,814.	
TOTAL TO FORM 990, PART IV-A		15,814.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	4
DESCRIPTION		AMOUNT	
SPECIAL EVENT DIRECT EXPENSES		15,814.	
TOTAL TO FORM 990, PART IV-B		15,814.	



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 AVE GREELEY, CO 80682	EXEC DIRECTOR 40	45,000.	1,800.	0.
LINDA WINTER 24959 WCR 66 GREELEY, CO 80631	PRESIDENT 1-2	0.	0.	0.
BOB CARON 2108 35TH ST CT EVANS, CO 80620	PRES ELECT 1-2	0.	0.	0.
PHIL BREWER 2558 17TH AVE GREELEY, CO 80631	SECRETARY 1-2	0.	0.	0.
WALLY SCHREIBER 1432 11TH ST GREELEY, CO 80631	TREASURER 1-2	0.	0.	0.
KEITH MCINTYRE 525 COLLINS ST EATON, CO 80615	DIRECTOR 1-2	0.	0.	0.
DOROTHY LOFTUS-NALL 4329 1ST ST GREELEY, CO 80634	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.
ALVINA LANG 3427 WINDMILL CT EVANS, CO 80620	COMMUNITY VOLUNTEER 1-2	0.	0.	0.

CONNECTIONS FOR INDEPENDENT LIVING

74-2418249

CECILY CASS 634 ASH AVE AULT, CO 80610	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.
TOTALS INCLUDED ON FORM 990, PART V		45,000.	1,800.	0.

SCHEDULE A	OTHER INCOME	STATEMENT	6	
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	968.	357.	566.	5,281.
TOTAL TO SCHEDULE A, LINE 22	968.	357.	566.	5,281.