

Return of Organization Exempt From Income Tax

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

OMB No 2005 Open to Public Inspection

Department of the Treasury Internal Revenue Service

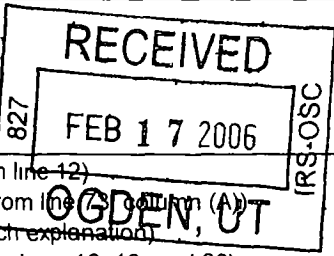
The organization may have to use a copy of this return to satisfy state reporting requirements

Header section A-M containing organization details: R&B LIVING SERVICES, 8288 S REED WAY, LITTLETON CO, 80128-5677. Includes website N/A and organization type 501(c)(3).

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

Main table with 21 rows. Revenue section (lines 1-12) totals 320,393. Expenses section (lines 13-17) totals 309,945. Net Assets section (lines 18-21) shows a deficit of 10,448 at the start and a balance of 6,280 at the end.

SCANNED MAR 09 2006



**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. (See the instructions.)

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 \$ 0 noncash \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	37,000		37,000	
26	Other salaries and wages	0			
27	Pension plan contributions	0			
28	Other employee benefits	4,274		4,274	
29	Payroll taxes	3,191		3,191	
30	Professional fundraising fees	0			
31	Accounting fees	637		637	
32	Legal fees	0			
33	Supplies	1,845		1,845	
34	Telephone	1,427		1,427	
35	Postage and shipping	314		314	
36	Occupancy	0			
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	2,190	2,190		
40	Conferences, conventions, and meetings	0			
41	Interest	1,183		1,183	
42	Depreciation, depletion, etc (attach schedule)	6,117		6,117	
43	Other expenses not covered above (itemize)				
a	SCHEDULE ATTACHED	251,767	249,371	2,396	0
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	309,945	251,561	58,384	0

**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 \$ 0, (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** (See the instructions)

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.

What is the organization's primary exempt purpose? ► Provide foster care to developmentally disabled adults	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
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.) <b>a</b> Providing medical care, housing, food, transportation, and participation in community events to developmentally disabled adults. Served eight adult clients during the year ended 12/31/05. ..... ..... ..... (Grants and allocations \$ 320,393 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	251,561
<b>b</b> ..... ..... ..... ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b> ..... ..... ..... ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b> ..... ..... ..... ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	251,561

**Part IV Balance Sheets** (See the instructions)

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	3,487	45	5,519	
	46	Savings and temporary cash investments		46		
	47 a	Accounts receivable	47a	0		
	b	Less allowance for doubtful accounts	47b	0	47c	0
	48 a	Pledges receivable	48a	0		
	b	Less allowance for doubtful accounts	48b	0	48c	0
	49	Grants receivable		49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a	0		
	b	Less allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges		53		
	54	Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a	Investments—land, buildings, and equipment basis	55a	31,860		
	b	Less accumulated depreciation (attach schedule)	55b	22,684	55c	9,176
56	Investments—other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment basis	57a	0			
b	Less accumulated depreciation (attach schedule)	57b	0	57c	0	
58	Other assets (describe <input type="checkbox"/> )		0	58	0	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58			18,780	<b>59</b>	<b>14,695</b>	
Liabilities	60	Accounts payable and accrued expenses	516	60	0	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		22,432	64b	8,415
65	Other liabilities (describe <input type="checkbox"/> )		0	65	0	
<b>66 Total liabilities.</b> Add lines 60 through 65			22,948	<b>66</b>	<b>8,415</b>	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	-4,168	67	6,280	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <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		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			-4,168	<b>73</b>	<b>6,280</b>	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73			18,780	<b>74</b>	<b>14,695</b>	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) .....	<b>b4</b>		0
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) .....	<b>d2</b>		0
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) .....	<b>b4</b>		0
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	0
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) .....	<b>d2</b>		0
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(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 plans	(E) Expense account and other allowances
Name <u>RENEE LA FAVE</u> Str <u>8288 S REED WAY</u> City <u>LITTLETON</u> ST <u>CO</u> ZIP <u>80128</u>	Title <u>PRESIDENT</u> Hr/WK <u>40 HOURS PER</u>	<u>18,500</u>	<u>4,274</u>	<u>0</u>
Name <u>WILLIAM LA FAVE</u> Str <u>8288 S REED WAY</u> City <u>LITTLETON</u> ST <u>CO</u> ZIP <u>80128</u>	Title <u>SEC/TREASURER</u> Hr/WK <u>40 HOURS PER</u>	<u>18,500</u>	<u>0</u>	<u>0</u>
Name <u>CHARLES SKLAV</u> Str <u>1602 PEACON ST</u> City <u>BASTROP</u> ST <u>TX</u> ZIP <u>78602</u>	Title <u>CHAIRMAN OF</u> Hr/WK <u>(OCCASIONAL M</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name ..... Str ..... City ..... ST ..... ZIP .....	Title ..... Hr/WK .....			
Name ..... Str ..... City ..... ST ..... ZIP .....	Title ..... Hr/WK .....			
Name ..... Str ..... City ..... ST ..... ZIP .....	Title ..... Hr/WK .....			
Name ..... Str ..... City ..... ST ..... ZIP .....	Title ..... Hr/WK .....			
Name ..... Str ..... City ..... ST ..... ZIP .....	Title ..... Hr/WK .....			
Name ..... Str ..... City ..... ST ..... ZIP .....	Title ..... Hr/WK .....			
Name ..... Str ..... City ..... ST ..... ZIP .....	Title ..... Hr/WK .....			

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">3</span>		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	X	
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		X
<b>d</b>	Does the organization have a written conflict of interest policy?		X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

**Part VI Other Information (See the instructions.)**

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>77</b>	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		X
<b>78 a</b>	Did the organization have unrelated business gross income of this return?		
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial a statement		
<b>80 a</b>	Is the organization related (other than by association with a sta common membership, governing bodies, trustees, officers, etc organization)?		
<b>b</b>	If "Yes," enter the name of the organization <span style="float: right;">_____ and check w</span>		
<b>81 a</b>	Enter direct and indirect political expenditures (See line 81 ins		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		

Part VI Other Information (continued)

		Yes	No
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?		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)		
	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	85h	
86	501(c)(7) orgs		
a	Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs		
a	Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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 $\blacktriangleright$ 0, section 4912 $\blacktriangleright$ 0; section 4955 $\blacktriangleright$ 0		
b	501(c)(3) and 501(c)(4) orgs		
	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		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed $\blacktriangleright$ CO		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	2
91 a	The books are in care of $\blacktriangleright$ Name RENEE LA FAVE Telephone no $\blacktriangleright$ (720) 922-0431 Located at $\blacktriangleright$ 8288 S REED WY City LAKEWOOD ST CO ZIP + 4 $\blacktriangleright$ 80128-5677		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country $\blacktriangleright$ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country $\blacktriangleright$ _____	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here $\blacktriangleright$ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year $\blacktriangleright$ 92 N/A		

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> FSI (SOCIAL SECURITY INCOME)					52,267
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					268,092
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b>					
<b>b</b> MISCELLANEOUS RECEIPTS					34
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	320,393
<b>105</b> Total (add line 104, columns (B), (D), and (E))					320,393

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 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)
A, F	REIMBURSEMENTS FOR CARE, INCLUDING ROOM AND BOARD, AND OTHER RELATED EXPENSES
103(b)	US TREASURY REFUND \$31 BANK FEE REFUND \$3

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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)

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**

Signature of officer: Renee LaFave Date: 2-13-06

Type or print name and title: RENEE LAFAVE PRESIDENT

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**Paid Preparer's Use Only**

Preparer's signature: Brad L Farr CPA Date: 2/9/2006 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. W): P00062186

Firm's name (or yours if self-employed): Brad L Farr CPA EIN: 84-0986350

address, and ZIP + 4: 7950 S Lincoln St 105, Littleton, CO 80122-2713 Phone no: (303) 794-4183



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

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

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

R&B LIVING SERVICES

Employer identification number

84-1569900

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

**Part II-A 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
BARBARA MARTIN, 7201 W MISSISSIPPI AVE LAKEWOOD, CO 80226	CARE PROVIDER	102,896
PAM HOLMES, 4455 S VAN GORDON WAY MORRISON, CO 80465	CARE PROVIDER	61,372
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

	Yes	No
<p><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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )</p> <p>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</p>		X
<p><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 )</p>		
<p><b>a</b> Sale, exchange, or leasing of property?</p>		X
<p><b>b</b> Lending of money or other extension of credit?</p>		X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>		X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V - Form 990</p>	X	
<p><b>e</b> Transfer of any part of its income or assets?</p>		X
<p><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 )</p>		X
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees?</p>		X
<p><b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>		X
<p><b>4 a</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?</p>		X
<p><b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		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 ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 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 )
- 11 a  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 )
- 11 b  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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	216,659	290,625	160,283	0	667,567	
<b>16</b> Membership fees received	0			0	0	
<b>17</b> 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	40,240	53,035		0	93,275	
<b>18</b> 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				0	0	
<b>19</b> Net income from unrelated business activities not included in line 18				0	0	
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				0	0	
<b>21</b> 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.				0	0	
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0	0	0	0	0	
<b>23</b> Total of lines 15 through 22	256,899	343,660	160,283	0	760,842	
<b>24</b> Line 23 minus line 17	216,659	290,625	160,283	0	667,567	
<b>25</b> Enter 1% of line 23	2,569	3,437	1,603	0		
<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24				<b>26a</b>	0
<b>b</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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b>	0
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b>	0
<b>d</b> Add: Amounts from column (e) for lines 18 <u>0</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u>					<b>26d</b>	0
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>	0
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b>	0 00%
<b>27 Organizations described on line 12:</b>	<b>a</b> 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.					
(2004) _____ (2003) <u>0</u> (2002) <u>0</u> (2001) <u>0</u>						
<b>b</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 11b, 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.						
(2004) <u>0</u> (2003) <u>0</u> (2002) <u>0</u> (2001) <u>0</u>						
<b>c</b> Add: Amounts from column (e) for lines 15 <u>667,567</u> 16 <u>0</u> 17 <u>93,275</u> 20 <u>0</u> 21 <u>0</u>					<b>27c</b>	760,842
<b>d</b> Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					<b>27d</b>	0
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>	760,842
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					<b>27f</b>	760,842
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b>	100 00%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b>	0 00%
<b>28 Unusual Grants.</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.						

**Part V Private School Questionnaire (See page 7 of the instructions )**  
**(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 )  
 (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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
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	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is—</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

**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				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 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			
	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



**Line 55 (990) - Investments land, buildings, and equipment**

		Land (net of any amortization)	
		Beginning	End
1	.....		
2	.....		
3	.....		
4	.....		
5	.....		
6	Total land (net of any amortization)	0	0

		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	TRUCK	31,860	31,860	16,567	22,684
8	.....				
9	.....				
10	.....				
11	.....				
12	.....				
13	.....				
14	.....				
15	.....				
16	.....				
17	Total buildings and equipment	31,860	31,860	16,567	22,684
18	Buildings and equipment (less accumulated depreciation)			15,293	9,176
19	Total land, buildings and equipment			15,293	9,176

	Category or Item		Cost/Other Basis			Accumulated Depreciation			Book Value		
1	.....	1									
2	.....	2									
3	.....	3									
4	.....	4									
5	.....	5									
6	.....	6									
7	.....	7									
8	.....	8									
9	.....	9									
10	.....	10									
11	Total	11	0			0			0		0

**Line 63 (990) - Loans from officers, directors, trustees and key employees**

	Name of lender	Title	Original amount	Balance due beginning of year	Balance due end of year
1	WILLIAM LAFAVE	SECRETARY	31,860		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14	Totals		14 31,860	0	0

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1	VEHICLE	10/22/2002	7/22/2008	571 48/MONTH	7 6056%
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description and fair market value of consideration
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		



**Line 64b (990) - Mortgages and other notes payable**

	Lender's name	Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	US BANK	<input checked="" type="checkbox"/>	26,064	22,432	8,415
19	Totals		26,064	22,432	8,415

**Line 22 (Sch A (990/990-EZ)) - Other Income**

	Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
1	.....				0	0
2	.....					0
3	.....					0
4	.....					0
5	.....					0
6	.....					0
7	.....					0
8	.....					0
9	.....					0
10	.....					0
	Total of Other Income	0	0	0	0	0

**Part I (Sch A (990/990-EZ)) - Compensation of the Five Highest Paid Employees**

(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
Name NONE Str _____ City _____ ST _____ Zip _____ Country _____	Title _____ Avg hr/wk _____			
Name _____ Str _____ City _____ ST _____ Zip _____ Country _____	Title _____ Avg hr/wk _____			
Name _____ Str _____ City _____ ST _____ Zip _____ Country _____	Title _____ Avg hr/wk _____			
Name _____ Str _____ City _____ ST _____ Zip _____ Country _____	Title _____ Avg hr/wk _____			
Name _____ Str _____ City _____ ST _____ Zip _____ Country _____	Title _____ Avg hr/wk _____			
Total number of other employees paid over \$50,000				

**Part II (Sch A (990/990-EZ)) - Compensation of the Five Highest Paid Independent Contractors**

**Part II-A: Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name <u>BARBARA MARTIN</u> Check here if a business <input type="checkbox"/> Str <u>7201 W MISSISSIPPI AVE</u> City <u>LAKEWOOD</u> ST <u>CO</u> ZIP <u>80226</u> Country _____	CARE PROVIDER	102,896
Name <u>PAM HOLMES</u> Check here if a business <input type="checkbox"/> Str <u>4455 S VAN GORDON WAY</u> City <u>MORRISON</u> ST <u>CO</u> ZIP <u>80465</u> Country _____	CARE PROVIDER	61,372
Name _____ Check here if a business <input type="checkbox"/> Str _____ City _____ ST _____ ZIP _____ Country _____		
Name _____ Check here if a business <input type="checkbox"/> Str _____ City _____ ST _____ ZIP _____ Country _____		
Name _____ Check here if a business <input type="checkbox"/> Str _____ City _____ ST _____ ZIP _____ Country _____		
Total number of others receiving over \$50,000 for professional services _____		

**Part II-B: Compensation of the Five Highest Paid Independent Contractors for Other Services**

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name <u>NONE</u> Check here if a business <input type="checkbox"/> Str _____ City _____ ST _____ ZIP _____ Country _____		
Name _____ Check here if a business <input type="checkbox"/> Str _____ City _____ ST _____ ZIP _____ Country _____		
Name _____ Check here if a business <input type="checkbox"/> Str _____ City _____ ST _____ ZIP _____ Country _____		
Name _____ Check here if a business <input type="checkbox"/> Str _____ City _____ ST _____ ZIP _____ Country _____		
Name _____ Check here if a business <input type="checkbox"/> Str _____ City _____ ST _____ ZIP _____ Country _____		
Total number of others receiving over \$50,000 for professional services _____		

<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT</u>	<u>FUNDRAISING</u>
PAYMENTS TO CARE PROVIDER	\$237,344	\$237,344		
INSURANCE	\$2,932	\$2,932		
PERSONAL NEEDS EXPENSES	\$3,760	\$3,760		
NURSING & COUNSELING	\$2,385	\$2,385		
FOOD BANK	\$2,647	\$2,647		
LICENSES AND PERMITS	\$0			
TRAINING	\$718			\$718
MISCELLANEOUS	\$1,342			\$1,342
PROGRAM CONSULTANT	\$128	\$128		
PHARMACY	\$175	\$175		
AUTO EXPENSE	\$42			\$42
BACKGROUND CHECK	\$153			\$153
DUES AND SUBSCRIPTIONS	\$135			\$135
BANK CHARGES	\$6			\$6
	\$0			
	\$0			
	\$0			
TOTALS	<u>\$251,767</u>	<u>\$249,371</u>		<u>\$2,396</u>