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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection**A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C FOUNDATION FOR PEOPLE WITH DISABILITIES
 924 N. COUNTRY CLUB DRIVE
 MESA, AZ 85201-4108
D Employer identification number

86-0604565

E Telephone number

(480) 969-3800

F Group Exemption Number

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) _____**I** Website: N/A**J** Tax-exempt status (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ.\$ 19,898.**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	18,459.
3	Membership dues and assessments	3	
4	Investment income	4	1,439.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	19,898.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	2,710.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe <u>SEE STATEMENT 1</u>)	16	113,287.
17	Total expenses. Add lines 10 through 16	17	115,997.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-96,099.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	968,007.
20	Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 2</u>	20	-593,926.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	277,982.

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

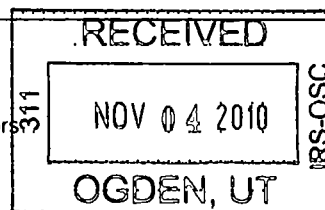
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	355,850.	276,300.
23 Land and buildings	1,616,625.	23
24 Other assets (describe <u>SEE STATEMENT 3</u>)	4,141.	24
25 Total assets	1,976,616.	25
26 Total liabilities (describe <u>SEE STATEMENT 4</u>)	1,008,609.	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	968,007.	27

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED NOV 29 2010



Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28a	113,288.
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28 a	113,288.
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29a	
-----	--

30 a	
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31 a	
------	--

32	113,288.
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compensated (See the instrs.)

[illegible]

Part V Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 6

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	X	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. 40e		X
41 List the states with which a copy of this return is filed AZ		

42a The organization's books are in care of **GOSNEY & COMPANY, P.C.** Telephone no. **(480) 834-4300**
 Located at **9 W. PEPPER PLACE, MESA, AZ** ZIP + 4 **85201**

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

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

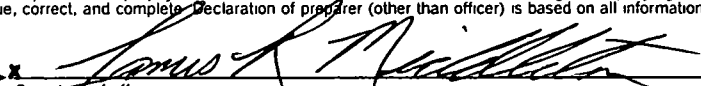
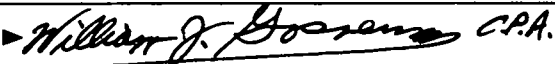
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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		Date 7/1/10	
	Type or print name and title. James R. Middleton, President.			
Paid Preparer's Use Only	Preparer's signature	 William J. Gosney C.P.A.		Date 10-14-10
	Firm's name (or yours if self-employed), address, and ZIP + 4	GOSNEY & COMPANY, P.C. 9 WEST PEPPER PLACE MESA, AZ 85201		Check if self-employed <input type="checkbox"/>
	Preparer's Identifying Number (See instructions)		P00136557	
	EIN		86-0336564	
	Phone no.		(480) 834-4300	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

FOUNDATION FOR PEOPLE WITH DISABILITIES

Employer identification number

86-0604565

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						0.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.	285,119.	323,640.	339,840.	318,183.	18,459.	1,285,241.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	285,119.	323,640.	339,840.	318,183.	18,459.	1,285,241.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						1,285,241.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	285,119.	323,640.	339,840.	318,183.	18,459.	1,285,241.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,406.	5,896.	7,391.	2,719.	1,439.	19,851.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	2,406.	5,896.	7,391.	2,719.	1,439.	19,851.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						1,305,092.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.5 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.5 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17.	18	1.4 %

19a **33-1/3 support tests — 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒b **33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

3 Did the organization distribute its assets in accordance with its governing instrument(s)? If 'No,' describe in Part III

4a Did the organization request or receive a determination letter from the IRS that the organization's exempt status was terminated?

b If 'Yes,' provide the date of the letter. Attach a copy of the letter and, if applicable, the organization's request for the letter.

5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If 'Yes,' did the organization provide such notice?

6 Did the organization discharge or pay all liabilities in accordance with state laws?

7a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If 'Yes,' describe in Part III how the organization defeased or otherwise settled these liabilities. If 'No,' explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More than 25% of the Organization's Assets. Complete this part if the organization answered 'Yes' to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC Code section of recipient(s) (if tax-exempt) or type of entity
	BUILDINGS, LAND, IMPROVEMENTS, FURNITURE AND FIXTURES.	7/24/09	1,593,515.	NBV	86-0137109	MESA ARC/MARC CENTER 924 N. COUNTRY CLUB DRIVE MESA, AZ 85201-4108	501 (C) (3)
	MORTGAGES PAYABLE	7/24/09	-1,000,928.	ACTUAL	86-0137109	MESA ARC/MARC CENTER 924 N. COUNTRY CLUB DRIVE MESA, AZ 85201-4108	501 (C) (3)
	RENTAL DEPOSITS	7/24/09	1,339.	ACTUAL	86-0137109	MESA ARC/MARC CENTER 924 N. COUNTRY CLUB DRIVE MESA, AZ 85201-4108	501 (C) (3)

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered 'Yes' to any of the questions in this line, provide the name of the person involved and explain in Part III

Yes	No
2a	X
2b	X
2c	X
2d	X

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

[illegible]

FOUNDATION FOR PEOPLE WITH DISABILITIES

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 990/990-PF																	
BUILDINGS																	
9	TREMAINE	10/15/90	7/24/09	115,000							115,000	78,232	S/L	MM	27.5 .03637	174	
10	DORCAS	3/01/91	7/24/09	83,000							83,000	52,191	S/L	MM	27.5 .03636	126	
11	11TH PLACE	12/06/91	7/24/09	79,500							79,500	47,821	S/L	MM	27.5 .03636	121	
12	SESAME	6/01/92	7/24/09	82,000							82,000	47,835	S/L	MM	27.5 .03637	124	
13	REDMON	10/13/92	7/24/09	77,425							77,425	44,224	S/L	MM	27.5 .03637	117	
14	HOPE	8/19/96	7/24/09	80,754							80,754	44,044	S/L	MM	27.5 .03637	122	
15	SPENCER	1/29/99	7/24/09	100,416							100,416	41,683	S/L	MM	27.5 .03636	152	
16	GARNET	6/29/99	7/24/09	111,551							111,551	44,449	S/L	MM	27.5 .03636	169	
26	HALIFAX	9/13/00	7/24/09	108,053							108,053	34,543	S/L	MM	27.5 .03637	164	
34	16TH AVE	8/31/01	7/24/09	52,145							52,145	14,931	S/L	MM	27.5 .03636	79	
36	ALAMO	9/01/01	7/24/09	45,057							45,057	12,763	S/L	MM	27.5 .03636	68	
37	QUARTZ	2/12/02	7/24/09	123,219							123,219	33,041	S/L	MM	27.5 .03636	187	
39	HERMOSA	3/08/02	7/24/09	139,850							139,850	37,079	S/L	MM	27.5 .03636	212	
41	ALDER	3/08/02	7/24/09	111,178							111,178	29,474	S/L	MM	27.5 .03636	169	
47	26TH ST	9/16/03	7/24/09	143,000							143,000	30,112	S/L	MM	27.5 .03636	217	
TOTAL BUILDINGS				1,452,148		0	0	0	0	0	1,452,148	592,422					2,201
FURNITURE AND FIXTURES																	
17	AIR UNIT (REDMON)	7/15/95	7/24/09	2,447							2,447	2,447	S/L	HY	7	0	
18	HEAT PUMP (REDMON)	12/15/95	7/24/09	2,708							2,708	2,708	S/L	HY	7	0	
30	HEAT PUMP (DORCAS)	9/28/00	7/24/09	3,876							3,876	3,876	S/L	MQ	7	0	
TOTAL FURNITURE AND FIXTURE				9,031		0	0	0	0	0	9,031	9,031					0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR. 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
19	AIR UNIT	5/12/96	7/24/09	2,578							2,578	2,578	S/L	HY	7	0
20	AIR UNIT (SESAME)	8/01/96	7/24/09	3,025							3,025	3,025	S/L	HY	7	0
21	ROOF (SESAME)	2/14/97	7/24/09	1,327							1,327	1,097	S/L	HY	15 .06670	45
22	CARPET/TILE (TREMAINE)	4/12/99	7/24/09	1,402							1,402	1,353	S/L	HY	10	0
23	CARPET/TILE (HOPE)	4/15/99	7/24/09	1,183							1,183	1,141	S/L	HY	10	0
24	CARPET/TILE (REDMON)	3/12/00	7/24/09	7,686							7,686	7,686	200DB	MQ	7	0
25	CARPET/TILE (SESAME)	3/15/00	7/24/09	7,606							7,606	7,606	200DB	MQ	7	0
28	ROOF (HOPE)	4/10/01	7/24/09	4,150							4,150	2,250	S/L	MQ	15 .06670	35
29	CARPET (11TH PL)	5/29/01	7/24/09	808							808	808	200DB	MQ	7	0
31	DRYWELL (TREMAINE)	8/14/01	7/24/09	4,157							4,157	2,077	S/L	HY	15 .06670	139
32	AIR UNIT (TREMAINE)	8/27/01	7/24/09	4,260							4,260	4,260	200DB	HY	7	0
43	REMODEL (11TH PLACE)	9/23/02	7/24/09	55,450							55,450	37,429	S/L	HY	10 .10000	2,773
44	VINYL TILE (16TH AVE.)	10/20/02	7/24/09	2,184							2,184	1,454	S/L	HY	10 .10000	109
45	VINYL TILE (HOPE)	10/21/02	7/24/09	3,148							3,148	2,100	S/L	HY	10 .10000	158
48	REMODEL (REDMON)	7/02/03	7/24/09	1,635							1,635	902	S/L	HY	10 .10000	82
49	REMODEL (ALDER)	7/02/03	7/24/09	1,050							1,050	578	S/L	HY	10 .10000	53
50	REMODEL (11TH PL)	7/02/03	7/24/09	1,740							1,740	957	S/L	HY	10 .10000	87
51	REMODEL (DORAS)	7/28/03	7/24/09	1,528							1,528	841	S/L	HY	10 .10000	77
52	REMODEL (HOPE)	7/28/03	7/24/09	1,332							1,332	732	S/L	HY	10 .10000	67
53	REMODEL (26TH ST)	11/04/03	7/24/09	1,791							1,791	985	S/L	HY	10 .10000	90
54	REMODEL (HOPE)	11/04/03	7/24/09	4,375							4,375	2,409	S/L	HY	10 .10000	219
55	GATE (HALIFAX)	11/04/03	7/24/09	650							650	563	200DB	HY	7 .08930	29
56	GATE (HOPE)	11/04/03	7/24/09	650							650	563	200DB	HY	7 .08930	29
57	GATE & FENCE (11TH PL)	11/04/03	7/24/09	1,150							1,150	997	200DB	HY	7 .08930	52
58	GATE (SESAME)	11/04/03	7/24/09	950							950	824	200DB	HY	7 .08930	43

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59	GATE (REDMON)	11/04/03	7/24/09	950							950	824	200DB	HY	7	.08930	43
60	GATE (SPENCER)	11/04/03	7/24/09	950							950	824	200DB	HY	7	.08930	43
61	PAINT	12/22/03	7/24/09	2,425							2,425	2,101	200DB	HY	7	.08930	109
62	REMODEL (ALAMO)	12/22/03	7/24/09	6,745							6,745	3,712	S/L	HY	10	.10000	338
63	REMODEL (GARNET)	12/22/03	7/24/09	2,795							2,795	1,540	S/L	HY	10	.10000	140
64	REMODEL	1/05/04	7/24/09	4,775							4,775	2,629	S/L	HY	10	.10000	239
65	REMODEL	3/09/04	7/24/09	1,540							1,540	847	S/L	HY	10	.10000	77
66	REMODEL	4/28/04	7/24/09	3,698							3,698	2,035	S/L	HY	10	.10000	185
67	REMODEL	5/05/04	7/24/09	2,250							2,250	1,238	S/L	HY	10	.10000	113
68	REMODEL	5/25/04	7/24/09	1,815							1,815	1,001	S/L	HY	10	.10000	91
69	ROOF (HALIFAX)	7/29/04	7/24/09	2,650							2,650	796	S/L	HY	15	.06670	89
70	A/C MOTOR (HERMOSA)	9/14/04	7/24/09	1,493							1,493	1,159	200DB	HY	7	.08920	67
71	A/C UNIT (HOPE)	9/14/04	7/24/09	3,025							3,025	2,350	200DB	HY	7	.08920	135
72	REMODEL BATH (TREMINE)	1/12/05	7/24/09	4,125							4,125	1,858	S/L	HY	10	.10000	207
73	REMODEL (HOPE)	1/12/05	7/24/09	1,500							1,500	675	S/L	HY	10	.10000	75
74	LANDSCAPING (HERMOSA)	3/31/05	7/24/09	3,775							3,775	2,931	200DB	HY	7	.08920	169
75	LANDSCAPING (ALDER)	3/31/05	7/24/09	1,327							1,327	1,032	200DB	HY	7	.08920	59
76	A/C UNIT (GARNET)	4/08/05	7/24/09	3,900							3,900	3,029	200DB	HY	7	.08920	174
77	WATER METER (QUARTZ)	5/24/05	7/24/09	983							983	764	200DB	HY	7	.08920	44
78	A/C UNIT (SPENCER)	6/30/05	7/24/09	4,295							4,295	3,337	200DB	HY	7	.08920	192
79	A/C UNIT (SESAME)	6/30/05	7/24/09	4,295							4,295	3,337	200DB	HY	7	.08920	192
80	REMODEL (STETSON)	7/19/05	7/24/09	33,063							33,063	11,571	S/L	HY	10	.10000	1,653
81	RAMP RAILINGS (HOPE)	7/19/05	7/24/09	685							685	472	200DB	HY	7	.08930	31
82	PATIO DOOR (ALDER)	7/19/05	7/24/09	1,275							1,275	876	200DB	HY	7	.08930	57
83	ROOF (REDMON)	8/17/05	7/24/09	4,940							4,940	1,152	S/L	HY	15	.06670	165
84	REMODEL (REDMON)	11/10/05	7/24/09	18,725							18,725	4,371	S/L	HY	15	.06670	625
85	REMODEL (NASSAU)	12/13/05	7/24/09	3,985							3,985	931	S/L	HY	15	.06670	133

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
86	REMODEL (HOPE)	1/18/06	7/24/09	12,658							12,658	2,954	S/L	HY	15	.06670	422
87	REMODEL (TREMAINE)	3/14/06	7/24/09	40,526							40,526	9,459	S/L	HY	15	.06670	1,352
88	REMODEL (SESAME)	6/15/06	7/24/09	21,468							21,468	5,011	S/L	HY	15	.06670	716
89	REMODEL (GARNET)	12/12/06	7/24/09	38,099							38,099	6,351	S/L	HY	15	.06670	1,271
90	REMODEL (SPENCER)	12/12/06	7/24/09	46,289							46,289	7,715	S/L	HY	15	.06670	1,544
91	REMODEL (NASSAU)	3/13/07	7/24/09	42,641							42,641	7,108	S/L	HY	15	.06670	1,422
92	CERAMIC TILE (HERMOSA)	7/01/07	7/24/09	7,318							7,318	1,098	S/L	HY	10	10000	366
93	PAINT (HALIFAX)	11/21/07	7/24/09	4,466							4,466	1,732	200DB	HY	7	.17490	391
94	KITCHEN REMODEL (HALIFAX)	11/21/07	7/24/09	4,032							4,032	403	S/L	HY	15	.06670	135
95	PAINT (ALAMO)	7/01/07	7/24/09	5,292							5,292	2,052	200DB	HY	7	.17490	463
96	CERAMIC TILE (ALAMO)	7/01/07	7/24/09	17,177							17,177	1,718	S/L	HY	15	.06670	573
97	KITCHEN REMODEL (ALAMO)	7/01/07	7/24/09	5,444							5,444	544	S/L	HY	15	.06670	182
98	MSTR BATH REMODEL (ALAMO)	7/01/07	7/24/09	8,067							8,067	807	S/L	HY	15	.06670	269
99	HALL BATH REMODEL (ALAMO)	7/01/07	7/24/09	5,198							5,198	520	S/L	HY	15	.06670	174
100	MAIN WATER LINE (HOPE)	10/13/08	7/24/09	2,640							2,640	188	S/L	HY	7	.14290	189
101	SPRINKLER SYSTEM (HOPE)	11/13/08	7/24/09	16,800							16,800	559	S/L	HY	15	.06670	561
103	WATERLINE UPGRADE(REDMON)	12/08/08	7/24/09	4,823							4,823	344	S/L	HY	7	.14290	345
104	SPRINKLER SYSTEM (DORCAS)	1/25/09	7/24/09	16,800							16,800	559	S/L	HY	15	.06670	561
105	SPRINKLER SYSTEM (REDMON)	1/25/09	7/24/09	13,200							13,200	440	S/L	HY	15	.06670	440
TOTAL IMPROVEMENTS				550,737		0	0	0	0	0	550,737	192,169					20,908
LAND																	
1	TREMAINE	10/15/90	7/24/09	34,000							34,000						0
2	DORCAS	3/01/91	7/24/09	16,000							16,000						0
3	11TH PLACE	12/06/91	7/24/09	8,500							8,500						0
4	SESAME	6/01/92	7/24/09	15,000							15,000						0

FOUNDATION FOR PEOPLE WITH DISABILITIES

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5	REDMOND	10/13/92	7/24/09	19,000							19,000					0	
6	HOPE	8/19/96	7/24/09	20,189							20,189					0	
7	SPENCER	1/29/99	7/24/09	25,103							25,103					0	
8	GARNET	7/29/99	7/24/09	27,888							27,888					0	
27	HALIFAX	9/13/00	7/24/09	35,500							35,500					0	
33	16TH AVE	8/31/01	7/24/09	16,850							16,850					0	
35	ALAMO	9/01/01	7/24/09	14,300							14,300					0	
38	QUARTZ	2/12/02	7/24/09	40,700							40,700					0	
40	HERMOSA	3/08/02	7/24/09	45,800							45,800					0	
42	ALDER	3/08/02	7/24/09	36,500							36,500					0	
46	26TH ST	9/16/03	7/24/09	43,000							43,000					0	
<hr/>																	
TOTAL LAND				398,330		0	0	0	0	0	398,330	0				0	
<hr/>																	
MACHINERY AND EQUIPMENT																	
<hr/>																	
102	CARD READER MACHINE	8/27/08		3,504							3,504	701	200DB	HY	5	.32000	1,121
<hr/>																	
TOTAL MACHINERY AND EQUIPME				3,504		0	0	0	0	0	3,504	701				1,121	
<hr/>																	
TOTAL DEPRECIATION				2,413,750		0	0	0	0	0	2,413,750	794,323				24,230	
<hr/>																	
GRAND TOTAL DEPRECIATION				2,413,750		0	0	0	0	0	2,413,750	794,323				24,230	
<hr/>																	
DEPRECIATION ASSETS SOLD				2,410,246		0	0	0	0	0	2,410,246	793,622				23,109	
<hr/>																	
DEPR REMAINING ASSETS				3,504		0	0	0	0	0	3,504	701				1,121	
<hr/>																	

FOUNDATION FOR PEOPLE WITH DISABILITIES

86-0604565

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

DEPRECIATION	\$	24,230.
DONATIONS		84,035.
FEES		114.
INTEREST		4,608.
MISCELLANEOUS		300.
TOTAL	\$	<u>113,287.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DISPOSITION OF NET ASSETS - SEE SCHEDULE N		\$ -593,926.
TOTAL	\$	<u>-593,926.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
DEPOSITS	\$ 1,339.	\$ 0.
MACHINERY AND EQUIPMENT	2,802.	1,682.
TOTAL	\$ <u>4,141.</u>	\$ <u>1,682.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
SECURED MORTGAGES AND NOTES PAYABLE -. SCHEDULE 1.	\$ 1,008,609.	\$ 0.
TOTAL	\$ <u>1,008,609.</u>	\$ <u>0.</u>

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

RENTAL OF GROUP HOMES/WORKSITES FOR THE DISABLED.

2009

FEDERAL STATEMENTS

PAGE 2

FOUNDATION FOR PEOPLE WITH DISABILITIES

86-0604565

STATEMENT 6
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

FOUNDATION FOR PEOPLE WITH DISABILITIES
FORM 990-EZ, STATEMENT 4
Secured Mortgages and Notes Payable
6/30/2010

86-0604565

	(A) Beginning Of Year	(B) End Of Year
Tremaine (Washington Mutual)	\$77,086	\$0.00
Dorcas (Washington Mutual)	67,052	0.00
11th Place (Washington Mutual)	42,264	0.00
Sesame (Washington Mutual)	60,672	0.00
Redmon (Washington Mutual)	49,461	0.00
Hope (Washington Mutual)	43,394	0.00
Spencer (Washington Mutual)	86,456	0.00
Garnet (Washington Mutual)	65,788	0.00
Halifax (Washington Mutual)	77,883	0.00
Alamo (Washington Mutual)	74,295	0.00
16th Ave. (Washington Mutual)	76,222	0.00
Quartz (Washington Mutual)	38,776	0.00
Hermosa (Washington Mutual)	45,254	0.00
Alder (Washington Mutual)	97,686	0.00
24th St. (Washington Mutual)	106,320	0.00
Totals	\$1,008,609	\$0.00

NOTE: All buildings and associated land, improvements, furniture and fixtures, and related mortgages were transferred to Mesa ARC/MARC Center, a related organization on 07-24-2009 (See Schedule N).

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No **67**

Name(s) shown on return

Identifying number

FOUNDATION FOR PEOPLE WITH DISABILITIES**86-0604565**

Business or activity to which this form relates

FORM 990/990-PF**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	24,230.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	24,230.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	