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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**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)**

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

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

|   |   |   |
|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>ARIZONA BRIDGE TO INDEPENDENT LIVING INC<br>Doing Business As<br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br>5025 E WASHINGTON STREET NO 200<br>City or town, state or country, and ZIP + 4<br>PHOENIX, AZ 85034<br><b>F</b> Name and address of principal officer<br>PHIL PANGRAZIO<br>5025 E WASHINGTON STREET NO 200<br>PHOENIX, AZ 85034 | <b>D</b> Employer identification number<br>86-0486447<br><b>E</b> Telephone number<br>(602) 256-2245<br><b>G</b> Gross receipts \$ 35,599,605<br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |   |
| <b>J</b> Website: ▶ WWW ABIL ORG  |   |   |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   | <b>L</b> Year of formation 1984 <b>M</b> State of legal domicile AZ   |

**Part I Summary**

|            |  |                                  |            |                     |  |
|------------|--|----------------------------------|------------|---------------------|--|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities<br>EMPOWER PEOPLE WITH DISABILITIES SO THEY MAY ACHIEVE OR CONTINUE INDEPENDENT LIFESTYLES  |                                  |            |                     |  |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |                                  |            |                     |  |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         |            | 14                  |  |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         |            | 14                  |  |
| <b>5</b>   | Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | <b>5</b>                         |            | 2,530               |  |
| <b>6</b>   | Total number of volunteers (estimate if necessary)   | <b>6</b>                         |            | 120                 |  |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        |            | 0                   |  |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>                        |            | 0                   |  |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)<br>Program service revenue (Part VIII, line 2g)<br>Investment income (Part VIII, column (A), lines 3, 4, and 7d)<br>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <b>Prior Year</b>                |            | <b>Current Year</b> |  |
| <b>9</b>   |  | 2,071,087                        | 1,071,087  |                     |  |
| <b>10</b>  |  | 32,021,956                       | 34,212,957 |                     |  |
| <b>11</b>  |  | 318,912                          | 134,456    |                     |  |
| <b>12</b>  |  | 150,986                          | 143,312    |                     |  |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0                                | 0          |                     |  |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)  | 0                                | 0          |                     |  |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 27,235,019                       | 29,578,037 |                     |  |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)  | 0                                | 0          |                     |  |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,000   |                                  |            |                     |  |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 4,746,628                        | 5,431,753  |                     |  |
| <b>18</b>  | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   | 31,981,647                       | 35,009,790 |                     |  |
| <b>19</b>  | Revenue less expenses Subtract line 18 from line 12  | 2,581,294                        | 552,022    |                     |  |
| <b>20</b>  | Total assets (Part X, line 16)<br>Total liabilities (Part X, line 26)<br>Net assets or fund balances Subtract line 21 from line 20   | <b>Beginning of Current Year</b> |            | <b>End of Year</b>  |  |
| <b>21</b>  |  | 59,326,693                       | 59,122,973 |                     |  |
| <b>22</b>  |  | 20,820,852                       | 20,771,002 |                     |  |
|            |  | 38,505,841                       | 38,351,971 |                     |  |

**Part II Signature Block**

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.

|                  |  |                    |
|------------------|--|--------------------|
| <b>Sign Here</b> | *****<br>Signature of officer                                  | 2013-02-19<br>Date |
|                  | PHIL PANGRAZIO PRESIDENT & CEO<br>Type or print name and title |                    |

|                                 |   |      |   |   |
|---------------------------------|---|------|---|---|
| <b>Paid Preparer's Use Only</b> | Preparer's signature ▶ PHIL MCCOLLUM  | Date | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions)<br>P00129716 |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4<br>CLIFTONLARSONALLEN LLP<br>20 E THOMAS RD STE 2300<br>PHOENIX, AZ 85012 |      |   | EIN ▶ 41-0746749<br>Phone no ▶ (602) 266-2248                             |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission  
 ABIL OFFERS AND PROMOTES PROGRAMS DESIGNED TO EMPOWER PEOPLE WITH DISABILITIES TO TAKE PERSONAL RESPONSIBILITY SO THEY MAY ACHIEVE OR CONTINUE INDEPENDENT LIFESTYLES WITHIN THE COMMUNITY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 27,927,664 including grants of \$ ) (Revenue \$ 31,484,709 )  
 PERSONAL ASSISTANCE SERVICE (PAS)THE PERSONAL ASSISTANCE SERVICE (PAS) RECRUITS, SCREENS, TRAINS AND EMPLOYS PERSONAL ASSISTANTS WHO PROVIDE SERVICES TO THE ELDERLY AND PHYSICALLY DISABLED THAT HAVE QUALIFIED THROUGHOUT THE ARIZONA LONG TERM CARE SYSTEM (ALTCS) AND HAVE SELECTED EVERCARE, MERCY CARE, SCAN, OR BRIDGEWAY HEALTH PLANS ARIZONA BRIDGE TO INDEPENDENT LIVING, INC (ABIL) ALSO PROVIDES PAS TO NATIVE AMERICANS LIVING OFF THE RESERVATION WHO ARE QUALIFIED AND RECEIVING SERVICES THROUGH AHCCCS/ALTCS AND NATIVE AMERICAN COMMUNITY HEALTH CENTERS IN ADDITION, ABIL PROVIDES PAS TO PERSONS WHO ARE DEVELOPMENTALLY DISABLED WHO HAVE QUALIFIED FOR LONG-TERM CARE SERVICES UNDER THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY'S DIVISION OF DEVELOPMENTAL DISABILITIES (DDD) PAS EMPLOYS OVER 1,914 PERSONAL ASSISTANTS THROUGHOUT MARICOPA, PIMA, PINAL AND GILA COUNTIES PERSONAL ASSISTANCE SERVICES WERE PROVIDED TO 1,850 CONSUMERS THROUGH THE PAS PROGRAM

**4b** (Code ) (Expenses \$ 868,852 including grants of \$ ) (Revenue \$ 826,792 )  
 -HOME MODIFICATION - ABIL INCREASES HOME ACCESSIBILITY, INDEPENDENCE AND SAFETY FOR ALTCS MEMBERS LIVING WITH DISABILITIES LICENSED CONTRACTORS PROVIDE MODIFICATIONS SUCH AS WIDENING DOORWAYS, BUILDING RAMPS, GRAB BARS, RAISED TOILETS AND OTHER NEEDED STRUCTURAL MODIFICATIONS-THE ABIL HOME MODIFICATION PROGRAM COMPLETED 29 ACCESSIBILITY PROJECTS THROUGH COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) CONTRACTS WITH FOUR VALLEY CITIES, INCLUDING PHOENIX, GLENDALE, MESA AND PEORIA AN ADDITIONAL 157 HOME MODIFICATIONS WERE COMPLETED FOR CONSUMERS ELIGIBLE FOR THE ALTCS PROGRAM THROUGH HEALTH PLAN MEMBERSHIP WITH MERCY CARE, EVERCARE, BRIDGEWAY OR SCAN, FOR A TOTAL OF 186 HOME MODIFICATIONS-ABIL REGULARLY PROVIDES PRESENTATIONS IN THE COMMUNITY ON THE FAIR HOUSING ACT TO CONSUMERS, PROPERTY MANAGERS, CITY OFFICIALS, ETC ENABLING CONSUMERS TO UNDERSTAND THEIR RIGHTS MAKES A HUGE DIFFERENCE IN AVOIDING ISOLATION AND INSTITUTIONALIZATION ABIL, AS A MEMBER OF THE FAIR HOUSING PARTNERSHIP, PRESENTED ITS ANNUAL FAIR HOUSING FORUM AT THE DEC FOR 150 PROPERTY MANAGERS AND LANDLORDS

**4c** (Code ) (Expenses \$ 635,873 including grants of \$ ) (Revenue \$ 827,057 )  
 -ABIL IS THE PROGRAM CONTRACTOR FOR THE AZ FREEDOM WORK STATEWIDE WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM FUNDED (50%) THROUGH ANNUAL GRANT FROM THE SOCIAL SECURITY ADMINISTRATION, THE U S DEPARTMENT OF EDUCATION/REHABILITATION SERVICES ADMINISTRATION AND OTHER CONTRACTS AND GRANTS OUR COMMUNITY WORK INCENTIVE COORDINATORS ARE TRAINED AND CERTIFIED TO UNDERSTAND SOCIAL SECURITY RULES RELATED TO EMPLOYMENT AND HOW EMPLOYMENT EARNINGS AFFECT CASH, MEDICAL AND OTHER BENEFITS WE ALSO PROVIDE WORK INCENTIVE INFORMATION AND COMMUNITY RESOURCE REFERRALS TO FAMILY MEMBERS AND SERVICE PROVIDERS THAT WILL SUPPORT THEIR EFFORTS TO HELP BENEFICIARIES ACHIEVE THEIR EMPLOYMENT GOALS -THROUGH WIPA, ABIL SERVED 2,177 BENEFICIARIES, PROVIDING 2,658 WIPA SERVICES WHICH INCLUDED BENEFIT SUMMARY AND ANALYSIS, BENEFITS MANAGEMENT SESSIONS FOR BENEFICIARIES WHO WERE EMPLOYED, AND WIPA OUTREACH TRAININGS TO SSI/SSDI BENEFICIARIES AND SERVICE PROVIDERS -BOND IS A LANDMARK DEMONSTRATION THAT OFFERS SSDI BENEFICIARIES AN OPPORTUNITY TO INCREASE THEIR INCOME THROUGH EMPLOYMENT BOND TESTS WHETHER REMOVING THE CURRENT SSDI-CASH CLIFF WHERE BENEFICIARIES LOSE THEIR ENTIRE CASH BENEFIT IF THEY EARN ABOVE THE SUBSTANTIAL GAINFUL ACTIVITY (SGA) LEVEL FOR A SUSTAINED PERIOD OF TIME INCREASES EMPLOYMENT SUCCESSFUL APPLICANTS WILL RECEIVE FUNDING TO PROVIDE WORK INCENTIVES COUNSELING (WIC) AND ENHANCED WORK INCENTIVES COUNSELING (EWIC) SERVICES THAT WILL ASSIST BENEFICIARIES IN BOND TO ACHIEVE THIS OBJECTIVE -BOND IS A 7 YEARS PROJECT CURRENTLY WE ARE IN THE 2ND YEAR

(Code ) (Expenses \$ 1,197,336 including grants of \$ ) (Revenue \$ 189,791 )  
 -THIS IS MY LIFE PROGRAM FUNDED THROUGH THE AZ DEPARTMENT OF DEVELOPMENTAL DISABILITIES (DDD) THIS PROGRAM PROVIDES SELF-ADVOCACY(SA) AND SELF DETERMINATION (SD) SKILLS COACHING THROUGH 1 ON 1 AND GROUP LEARNING MODULES TO INDIVIDUALS WHO RECEIVE SERVICES THROUGH THE STATE DDD, TO PREPARE AND EMPOWER THEM TO SELF-DIRECT THEIR STATE-PROVIDED SERVICES IN FISCAL YEAR OF 2012 THIS PROGRAM PROVIDED 75 OF 1 ON 1 COACHING, AND 52 CLASSES OF SA & SD WITH 996 PARTICIPANTS -TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) ABIL IS SUBCONTRACTED WITH MAXIMU, A CONTRACTOR WITH SSA AND SSDI, TO DEVELOP PLANS TO ASSIST REFERRED CLIENTS WITH ONGOING, WRITTEN EVALUATIONS AND RECOMMENDATIONS ON THE CLIENT ABILITY TO PARTICIPATE IN APPROVED WORK ACTIVITIES AND/OR OBTAIN AND MAINTAIN EMPLOYMENT -CITY OF PHOENIX DIAL-A-RIDE QUALITY ASSURANCE PROGRAM ABIL IS CONTRACTED WITH CITY OF PHOENIX TO EVALUATE THE DIAL-A-RIDE SERVICE AND PROVIDE THE CITY WITH OBJECTIVE, ACCURATE, AND MEASURABLE DATA TO VALIDATE CURRENT SERVICE TRENDS AND PROVIDE RECOMMENDATIONS FOR IMPROVING SERVICE -AGING AND DISABILITY RESOURCE CENTER PROGRAM (ADRC) ABIL IS CONTRACTED WITH AREA AGENCY ON AGING REGION ONE AND PINAL-GILA COUNCIL FOR SENIOR CITIZENS TO WORK TOGETHER TO PROVIDE OUTREACH AND EDUCATION TO HOSPITAL DISCHARGE PLANNERS WITH THE INTENT TO DEVELOP STRONG RELATIONSHIPS THAT WILL ASSIST THEM IN SEEKING PUBLIC AND PRIVATE SERVICE OPTIONS OF CARE FOR INDIVIDUALS BEING DISCHARGED INTO THE COMMUNITY -VALLEY OF THE SUN UNITED WAY (VSUW) ABIL IS PARTNERSHIP WITH VSUW TO PROVIDE SERVICES IN - COMMUNITY LIVING OPTIONS - OFFERS SERVICES FOR HIGH-FUNCTIONING INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY WHO ARE INELIGIBLE FOR FEDERAL & STATE SUPPORT SERVICES CLO BRINGS TOGETHER CONSUMERS AND COMMUNITY VOLUNTEERS TO PROVIDE RESOURCES AND SUPPORTS FOR INDIVIDUALS NEEDING MORE ASSISTANCE IN THE COMMUNITY CLO GIVES INDIVIDUALS THE OPPORTUNITY TO LEARN THE TRANSPORTATION SYSTEM, BECOME EMPLOYED, CONTINUE EDUCATION, MEET NEW FRIENDS, BUDGET MONEY, MOVE INTO ONE'S OWN APARTMENT OR HAVE A ROOMMATE AND ACCOMPLISH GOALS MOST IMPORTANTLY, IT GIVES CONSUMERS AN OPPORTUNITY TO BECOME INDEPENDENT THE COMMUNITY LIVING OPTIONS PROGRAM SERVED 166 CONSUMERS THIS YEAR, COMPARED TO 57 CONSUMERS LAST YEAR - EARLY INTERVENTION - ABIL HAS A FULL-TIME EARLY INTERVENTION COORDINATOR WHO IS A PERSON WITH A SIGNIFICANT DISABILITY WHO MENTORS NEWLY-DISABLED INDIVIDUALS IN REHAB CENTERS TO ADOPT IL PHILOSOPHY AND LEARN ABOUT THEIR OPTIONS WHILE THEY ADJUST TO A NEW LIFESTYLE DURING THE REPORTING YEAR, THE EI COORDINATOR MADE 603 CONTACTS WITH CONSUMERS AND 556 REHAB OUTREACH CONTACTS A TOTAL OF 368 PEER MENTOR HOURS WERE CONTRIBUTED TO THIS PROGRAM, WITH 31 MENTOR/MENTEE MATCHES- YOUTH TRANSITION - OUTREACH TO YOUTH WITH DISABILITIES, FAMILIES, AND SCHOOLS AND PROVIDE MENTORING OPPORTUNITIES, PRESENT THE IL/SELF-DETERMINATION PHILOSOPHY, ADVOCATE IN IEP MEETINGS, AND CONDUCT WORKSHOPS & TRAININGS ON TRANSITION ISSUES SO THEY CAN GAIN THE SKILLS AND CONFIDENCE TO BE EMPLOYABLE AND DEVELOP LIFESTYLES THAT WILL LEAD TO SUCCESSFUL ADULTHOOD YOUTH TRANSITION STAFF, WITH TRAINED VOLUNTEERS, PROVIDED TOTAL OF 532 HOURS OF WORKSHOPS AND TRAININGS TO LOCAL SCHOOLS - REINTEGRATION THE ABIL REINTEGRATION PROGRAM ASSISTS YOUNG ADULTS UNDER AGE 65 IN GAINING CONFIDENCES, KNOWLEDGE, AND RESOURCES NEEDED TO MOVE OUT OF NURSING HOMES AND MOVE INTO THEIR OWN HOME OR APARTMENT OR INTO ASSISTED LIVING FACILITIES ABIL COMBINES SYSTEMS ADVOCACY WITH TEACHING CONSUMERS INDIVIDUAL ADVOCACY SKILLS THIS PROGRAM ASSISTED 16 CONSUMERS IN LEAVING NURSING HOMES TO EXPERIENCE LESS RESTRICTIVE, MORE INDEPENDENT LIVING ARRANGEMENTS

(Code ) (Expenses \$ 566,493 including grants of \$ ) (Revenue \$ 523,655 )  
 TITLE VII PART C AND AMERICAN RECOVERY & REINVESTMENT ACT (ARRA)ABIL IS THE PROGRAM CONTRACTOR FOR THE TITLE VII PART C-CENTERS FOR INDEPENDENT LIVING FUNDED (50%) THROUGH ANNUAL GRANT FROM THE U S DEPARTMENT OF EDUCATION TITLE VII PART C PROGRAM CONSISTS OF FOUR CORE SERVICES - ADVOCACY, INFORMATION AND REFERRAL (I&R), INDEPENDENT LIVING,AND PEER MENTORS ABIL SERVED 2,649 CONSUMERS UNDER TITLE VII FUNDS OUR INFORMATION & REFERRAL SPECIALIST ALONE FIELDED 3,780 CALLS ABIL SPONSORED 111 SOCIALIZATION/RECREATION ACTIVITIES, REPRESENTING 163 NEW CONSUMERS, 654 TOTAL PARTICIPANTS, AND 489 VOLUNTEER HOURS CONTRIBUTED THE REINTEGRATION PROGRAM ASSISTED 28 CONSUMERS IN LEAVING NURSING HOMES TO EXPERIENCE LESS RESTRICTIVE, MORE INDEPENDENT LIVING ARRANGEMENTS ABIL'S EARLY INTERVENTION COORDINATOR, A PERSON WITH A SIGNIFICANT DISABILITY WHO MENTORS NEWLY-DISABLED INDIVIDUALS IN REHABILITATION CENTERS, MET WITH 603 CONSUMERS PEER MENTORS AND GENERAL VOLUNTEERS DONATED 8,951 HOURS OF SERVICE TO ABIL ABIL MAINTAINED A POOL OF 45 TRAINED PEER MENTORS WHO PROVIDED 1,725 HOURS OF ONE-ON-ONE AND GROUP MENTORING AND ADVOCACY TO PERSONS WITH A VARIETY OF DISABILITIES AS A MEMBER OF AZDAC (ARIZONA DISABILITY ADVOCACY COALITION) ABIL HELPED PLAN AND SPONSOR THE ANNUAL ADA CELEBRATION AT THE STATE CAPITOL AND ALSO SPONSORED ARIZONA LEGISLATIVE INFORMATION SERVICE (ALIS) TRAINING FOR 55 PARTICIPANTS THE EMPOWERING YOUTH TRANSITION PROGRAM PROVIDED 91 INTERACTIVE PRESENTATIONS AND WORKSHOPS TO 733 YOUTH, INCLUDING STUDENTS IN AREA HIGH SCHOOLS AND A LOCAL YOUTH DETENTION FACILITY ABIL PROVIDES TRAINING ON SELF-DETERMINATION AND SELF-ADVOCACY TO ADULTS WHO RECEIVE SERVICES THROUGH DDD A TOTAL OF 401 PEOPLE PARTICIPATED IN SELF-DETERMINATION TRAINING AND 50 PARTICIPATED IN SELF-ADVOCACY TRAINING RECENT STATE BUDGET CUTS HAVE LIMITED ABIL'S ABILITY TO MATCH THE OTHER 50% OF PART C FUND THE MATCH WAS FUNDED BY ARRA WHICH WILL PREVENT THE REDUCTION OF CORE SERVICE PROGRAMS AND POSITIONS THAT CURRENTLY SERVE PEOPLE WITH DISABILITIES IN MARICOPA COUNTY AND ALSO MAKE POSSIBLE ABIL'S GOAL OF PROVIDING INDEPENDENT LIVING SERVICES AND OUTREACH TO PINAL COUNTY

(Code ) (Expenses \$ 422,871 including grants of \$ ) (Revenue \$ 524,680 )  
 -AES IS CONTRACTED BY SSA TO PROVIDE COMPREHENSIVE EMPLOYMENT SERVICES TO SSI/SSDI BENEFICIARIES UNDER THE TICKET TO WORK PROGRAM SINCE 2002 - ALL EMPLOYMENT SERVICES ARE GEARED TOWARD COMMUNITY-BASED, INTEGRATED EMPLOYMENT AES SCREENED, COUNSELED OR INTERVIEWED 491 CONSUMERS IN THIS FISCAL YEAR

(Code ) (Expenses \$ 90,221 including grants of \$ ) (Revenue \$ -6,126 )  
 MISCELLANEOUS CONTRACTS

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 2,276,921 including grants of \$ ) (Revenue \$ 1,232,000 )

**4e Total program service expenses** \$ 31,709,310

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>  | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  |     | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>  |     | No |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>   |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>        |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>           |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>  |     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>   | Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>                |     | No |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>   |     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>                        | Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>  |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> |     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>   |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>   |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>  |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>   |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>   |     | No |
| <b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>   |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.  |     |    |

**Part IV Checklist of Required Schedules** (continued)

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | <b>21</b>  |     | No |
| <b>22</b>  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | <b>22</b>  |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | <b>23</b>  |     | No |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</b>   | Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | <b>25b</b> |     | No |
| <b>26</b>  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | <b>26</b>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | <b>27</b>  |     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  | Yes |    |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .   | <b>34</b>  |     | No |
| <b>35a</b> | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?   | <b>35a</b> |     | No |
| <b>b</b>   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> |     | No |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AZ); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request; 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ABIL'S FINANCE DEPT, 5025 E WASHINGTON ST STE 200, PHOENIX, AZ 85034, (602) 296-0520.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

| (A)<br>Name and Title                       | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) LYNN C HOUSTON<br>DIRECTOR              | 1 70   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) F LEE JACQUETTE<br>SECRETARY            | 1 50   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) STEVEN TAIT<br>TREASURER                | 1 20   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (4) RANDALL M HOWE<br>PRESIDENT             | 1 50   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (5) ASIM VARMA<br>DIRECTOR                  | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (6) SURYA-PATRICIA LANE HOOD<br>DIRECTOR    | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (7) MAX MCQUEEN<br>DIRECTOR                 | 1 30   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) LYNN LARSON<br>VICE PRESIDENT           | 1 50   | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (9) JENNIFER BAYNHAM<br>DIRECTOR            | 40   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) SUSAN SCOTT<br>DIRECTOR                | 1 00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) MARY SLAUGHTER<br>DIRECTOR             | 1 50   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (12) MICHAEL S SOMSAN<br>DIRECTOR           | 1 20   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) JAMES WINTERTON<br>DIRECTOR            | 30   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) GEORGE GARCIA<br>DIRECTOR              | 20   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (15) PHIL PANGRAZIO<br>ABIL PRESIDENT & CEO | 40 00  |   |                       | X       |              |                              |        | 106,999  | 0   | 14,314  |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |



**Part VIII Statement of Revenue**

|   |  |  | (A)<br>Total revenue                                   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|---|--|--|--|--|---|---|--|
| <b>Contributions, gifts, grants and other similar amounts</b> | <b>1a</b>  | Federated campaigns . . . . . <b>1a</b>  | 99,598   |  |   |   |  |
|   | <b>b</b>   | Membership dues . . . . . <b>1b</b>  |  |  |   |   |  |
|   | <b>c</b>   | Fundraising events . . . . . <b>1c</b>   |  |  |   |   |  |
|   | <b>d</b>   | Related organizations . . . . . <b>1d</b>  |  |  |   |   |  |
|   | <b>e</b>   | Government grants (contributions) <b>1e</b>  | 668,495  |  |   |   |  |
|   | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> | 302,994  |  |   |   |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f \$ _____                                   |  |  |   |   |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . ▶  |  | 1,071,087  |   |   |  |
| <b>Program Service Revenue</b>                                | <b>2a</b>  | PAS PROGRAM INCOME   | 623990   | 31,484,709   | 31,484,709                              |   |  |
|   | <b>b</b>   | OTHER PROGRAMS   | 900099   | 2,339,499  | 2,339,499                               |   |  |
|   | <b>c</b>   | PROGRAM RENTAL INCOME  | 900099   | 388,749  | 388,749                                 |   |  |
|   | <b>d</b>   |  |  |  |   |   |  |
|   | <b>e</b>   |  |  |  |   |   |  |
|   | <b>f</b>   | All other program service revenue  |  |  |   |   |  |
|   | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . . ▶  |  | 34,212,957   |   |   |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest and other similar amounts) . . . . . ▶  |  | 134,456  |   | 134,456   |  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds . . ▶                                 |  |  |   |   |  |
|   | <b>5</b>   | Royalties . . . . . ▶  |  |  |   |   |  |
|   | <b>6a</b>  |  | (i) Real   |  |   |   |  |
|   |  |  | (ii) Personal  |  |   |   |  |
|   |  | <b>b</b>   | Gross rents  | 23,504   |   |   |  |
|   |  | <b>c</b>   | Less rental expenses                                   | 37,793   |   |   |  |
|   | <b>d</b>   | Rental income or (loss)  | -14,289  |  |   |   |  |
|   | <b>d</b>   | <b>Net rental income or (loss)</b> . . . . . ▶   |  | -14,289  |   | -14,289   |  |
|   | <b>7a</b>  |  | (i) Securities   |  |   |   |  |
|   |  |  | (ii) Other   |  |   |   |  |
|   |  | <b>b</b>   | Gross amount from sales of assets other than inventory |  |   |   |  |
|   |  | <b>c</b>   | Less cost or other basis and sales expenses            |  |   |   |  |
|   | <b>d</b>   | Gain or (loss)   |  |  |   |   |  |
|   | <b>d</b>   | <b>Net gain or (loss)</b> . . . . . ▶  |  |  |   |   |  |
| <b>8a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |  |  |  |   |   |  |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b>  |  |  |  |   |   |  |
| <b>c</b>  | <b>Net income or (loss) from fundraising events</b> . . ▶  |  |  |  |   |   |  |
| <b>9a</b>   | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>  |  |  |  |   |   |  |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b>  |  |  |  |   |   |  |
| <b>c</b>  | <b>Net income or (loss) from gaming activities</b> . . ▶   |  |  |  |   |   |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . . <b>a</b>   |  |  |  |   |   |  |
| <b>b</b>  | Less cost of goods sold . . . . . <b>b</b>   |  |  |  |   |   |  |
| <b>c</b>  | <b>Net income or (loss) from sales of inventory</b> . . ▶  |  |  |  |   |   |  |
|   | Miscellaneous Revenue  | Business Code  |  |  |   |   |  |
| <b>11a</b>  | SPECIAL PROJECTS   | 900099   | 146,007  | 146,007  |   |   |  |
| <b>b</b>  | OTHER REVENUE  | 900099   | 11,594   | 11,594   |   |   |  |
| <b>c</b>  |  |  |  |  |   |   |  |
| <b>d</b>  | All other revenue . . . . .  |  |  |  |   |   |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶  |  | 157,601  |  |   |   |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . ▶   |  | 35,561,812   | 34,370,558   | 0                                       | 120,167   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|--|------------------------------|--|---|------------------------------------|
| <b>1</b>  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   |                              |  |   |                                    |
| <b>2</b>  | Grants and other assistance to individuals in the United States See Part IV, line 22   |                              |  |   |                                    |
| <b>3</b>  | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  |                              |  |   |                                    |
| <b>4</b>  | Benefits paid to or for members  |                              |  |   |                                    |
| <b>5</b>  | Compensation of current officers, directors, trustees, and key employees . . . . .   | 120,003                      | 50,617                                 | 57,386  | 12,000                             |
| <b>6</b>  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                              |  |   |                                    |
| <b>7</b>  | Other salaries and wages   | 25,919,001                   | 25,437,743                             | 481,258                                       |                                    |
| <b>8</b>  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 60,714                       | 47,094                                 | 13,620  |                                    |
| <b>9</b>  | Other employee benefits . . . . .  | 933,461                      | 854,389                                | 79,072  |                                    |
| <b>10</b>   | Payroll taxes . . . . .  | 2,544,858                    | 2,499,103                              | 45,755  |                                    |
| <b>11</b>   | Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b>  | Management . . . . .   |                              |  |   |                                    |
| <b>b</b>  | Legal . . . . .  | 6,260                        | 1,100                                  | 5,160   |                                    |
| <b>c</b>  | Accounting . . . . .   | 31,200                       | 30,800                                 | 400   |                                    |
| <b>d</b>  | Lobbying . . . . .   |                              |  |   |                                    |
| <b>e</b>  | Professional fundraising See Part IV, line 17 . . . . .  |                              |  |   |                                    |
| <b>f</b>  | Investment management fees . . . . .   |                              |  |   |                                    |
| <b>g</b>  | Other . . . . .  | 184,192                      | 184,192                                |   |                                    |
| <b>12</b>   | Advertising and promotion . . . . .  |                              |  |   |                                    |
| <b>13</b>   | Office expenses . . . . .  | 210,111                      | 182,639                                | 27,472  |                                    |
| <b>14</b>   | Information technology . . . . .   | 178,935                      | 134,181                                | 44,754  |                                    |
| <b>15</b>   | Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b>   | Occupancy . . . . .  | 909,963                      | 499,771                                | 410,192                                       |                                    |
| <b>17</b>   | Travel . . . . .   | 153,059                      | 118,466                                | 34,593  |                                    |
| <b>18</b>   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b>   | Conferences, conventions, and meetings . . . . .   | 32,835                       | 7,609                                  | 25,226  |                                    |
| <b>20</b>   | Interest . . . . .   | 1,046,195                    |  | 1,046,195                                     |                                    |
| <b>21</b>   | Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b>   | Depreciation, depletion, and amortization . . . . .  | 1,120,090                    | 369,630                                | 750,460                                       |                                    |
| <b>23</b>   | Insurance . . . . .  | 103,817                      | 75,933                                 | 27,884  |                                    |
| <b>24</b>   | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )  |                              |  |   |                                    |
| <b>a</b>  | HOME MODIFICATION COSTS  | 678,692                      | 678,692                                |   |                                    |
| <b>b</b>  | OTHER EXPENSES   | 341,469                      | 320,688                                | 20,781  |                                    |
| <b>c</b>  | OTHER OPERATING COSTS  | 274,455                      | 114,076                                | 160,379                                       |                                    |
| <b>d</b>  | ST CONTRACT EXPENSES   | 90,221                       | 90,221                                 |   |                                    |
| <b>e</b>  |  |                              |  |   |                                    |
| <b>f</b>  | All other expenses   | 70,259                       | 12,366                                 | 57,893  |                                    |
| <b>25</b>   | <b>Total functional expenses.</b> Add lines 1 through 24f  | 35,009,790                   | 31,709,310                             | 3,288,480                                     | 12,000                             |
| <b>26</b>   | <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                              |  |   |                                    |

**Part X Balance Sheet**

|   |  | (A)               |            | (B)         |
|---|--|-------------------|------------|-------------|
|   |  | Beginning of year |            | End of year |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 2,770,768         | <b>1</b>   | 2,539,561   |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 10,708,136        | <b>2</b>   | 9,772,035   |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 1,054,172         | <b>3</b>   | 566,380     |
|   | <b>4</b> Accounts receivable, net . . . . .  | 4,126,853         | <b>4</b>   | 5,510,431   |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                    |                   | <b>5</b>   |             |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .       |                   | <b>6</b>   |             |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>   |             |
|   | <b>8</b> Inventories for sale or use . . . . .   |                   | <b>8</b>   |             |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 1,824,514         | <b>9</b>   | 83,171      |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 41,897,759        |            |             |
|   | <b>b</b> Less accumulated depreciation . . . . .   | 4,851,315         | <b>10c</b> | 37,046,444  |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 2,884,624         | <b>11</b>  | 3,530,906   |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .  |                   | <b>12</b>  |             |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .   |                   | <b>13</b>  |             |
|   | <b>14</b> Intangible assets . . . . .  | 96,829            | <b>14</b>  | 74,045      |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .  |                   | <b>15</b>  |             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 59,326,693   | <b>16</b>         | 59,122,973 |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 2,375,175         | <b>17</b>  | 1,531,728   |
|   | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>  |             |
|   | <b>19</b> Deferred revenue . . . . .   |                   | <b>19</b>  |             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b>  |             |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .   |                   | <b>21</b>  |             |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .  |                   | <b>22</b>  |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 16,500,000        | <b>23</b>  | 16,500,000  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>  |             |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . . | 1,945,677         | <b>25</b>  | 2,739,274   |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 20,820,852        | <b>26</b>  | 20,771,002  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                  |                   |            |             |
|   | <b>27</b> Unrestricted net assets . . . . .  | 35,136,767        | <b>27</b>  | 37,694,870  |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 3,369,074         | <b>28</b>  | 657,101     |
|   | <b>29</b> Permanently restricted net assets . . . . .  |                   | <b>29</b>  |             |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>   |                   |            |             |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>  |             |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>  |             |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>  |             |
| <b>33</b> Total net assets or fund balances . . . . .                         | 38,505,841   | <b>33</b>         | 38,351,971 |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 59,326,693   | <b>34</b>         | 59,122,973 |             |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|          |   |          |            |
|----------|---|----------|------------|
| <b>1</b> | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b> | 35,561,812 |
| <b>2</b> | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b> | 35,009,790 |
| <b>3</b> | Revenue less expenses Subtract line 2 from line 1   | <b>3</b> | 552,022    |
| <b>4</b> | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b> | 38,505,841 |
| <b>5</b> | Other changes in net assets or fund balances (explain in Schedule O)  | <b>5</b> | -705,892   |
| <b>6</b> | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | <b>6</b> | 38,351,971 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?   | Yes |    |
| <b>c</b>  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | Yes |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | Yes |    |

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ARIZONA BRIDGE TO INDEPENDENT LIVING INC

Employer identification number  
86-0486447

**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 **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a 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 to 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 it 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 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?
- h Provide the following information about the supported organization(s)

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

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

**Part II Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 1,085,555 | 1,291,625 | 1,199,694 | 2,071,087 | 1,071,087 | 6,719,048 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3  | 1,085,555 | 1,291,625 | 1,199,694 | 2,071,087 | 1,071,087 | 6,719,048 |
| <b>5</b> 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) |           |           |           |           |           | 2,490,252 |
| <b>6 Public Support.</b> Subtract line 5 from line 4   |           |           |           |           |           | 4,228,796 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2007  | (b) 2008  | (c) 2009  | (d) 2010  | (e) 2011  | (f) Total   |
|---|-----------|-----------|-----------|-----------|-----------|-------------|
| <b>7</b> Amounts from line 4  | 1,085,555 | 1,291,625 | 1,199,694 | 2,071,087 | 1,071,087 | 6,719,048   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 358,582   | 434,325   | 518,764   | 469,898   | 157,960   | 1,939,529   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |           |           |           |           |           |             |
| <b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                | 304,386   | 250,478   | 247,565   | 160,851   |           | 963,280     |
| <b>11 Total support</b> (Add lines 7 through 10)  |           |           |           |           |           | 9,621,857   |
| <b>12</b> Gross receipts from related activities, etc (See instructions )   |           |           |           |           | <b>12</b> | 168,366,868 |

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

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | <b>14</b> | 43.950 % |
| <b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14                      | <b>15</b> | 38.570 % |

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the 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 **17a 10%-facts-and-circumstances test—2011.** 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 **b 10%-facts-and-circumstances test—2010.** 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 **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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public Support</b> (Subtract line 7c from line 6 )   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)   |          |          |          |          |          |           |
| <b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15                    | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17                      | <b>18</b> |  |

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 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

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

|                    |
|--------------------|
| <b>Explanation</b> |
|--------------------|

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER REVENUE SPECIAL EVENTS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ARIZONA BRIDGE TO INDEPENDENT LIVING INC

Employer identification number 86-0486447

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 332,571                         |                              | 332,571        |
| <b>b</b> Buildings . . . . .  |                                      | 35,167,363                      | 1,994,503                    | 33,172,860     |
| <b>c</b> Leasehold improvements . . . . .   |                                      | 4,168,595                       | 1,381,156                    | 2,787,439      |
| <b>d</b> Equipment . . . . .  |                                      | 1,771,826                       | 1,372,906                    | 398,920        |
| <b>e</b> Other . . . . .  |                                      | 457,404                         | 102,750                      | 354,654        |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 37,046,444     |



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 35,561,812 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 35,009,790 |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | 552,022    |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  | 87,704     |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |            |
| <b>6</b>  | Investment expenses   | <b>6</b>  |            |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  |            |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  | -793,596   |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  | -705,892   |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | -153,870   |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 35,597,088 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |            |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | 87,704     |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |            |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 87,704     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 35,509,384 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                                       |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> | 52,428     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 52,428     |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 35,561,812 |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 35,750,958 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |            |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> | 37,793     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 37,793     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 35,713,165 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> |            |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> | -703,375   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | -703,375   |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 35,009,790 |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier                             | Return Reference | Explanation  |
|--|------------------|--|
| PART XI, LINE 8 - OTHER ADJUSTMENTS    |                  | CHANGE IN VALUE OF INTEREST RATE SWAP -793,596   |
| PART XII, LINE 4B - OTHER ADJUSTMENTS  |                  | RENTAL EXPENSES -37,793 EXPENSES FOR ST CONTRACTS INCLUDED IN REVENUE 90,221                                   |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS |                  | RENTAL EXPENSES 37,793   |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS |                  | CHANGE IN VALUE OF INTEREST RATE SWAP -793,597 EXPENSES FOR ST CONTRACTS INCLUDED IN REVENUE 90,221 ROUNDING 1 |

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization  
ARIZONA BRIDGE TO INDEPENDENT LIVING INC

**Employer identification number**

86-0486447

| Identifier   | Return Reference                       | Explanation   |
|--|--|---|
| CHANGES IN PROGRAM SERVICES                        | FORM 990, PART III, LINE 3             | EXPANSION INTO PIMA AND PINAL COUNTIES  |
|  | FORM 990, PART VI, SECTION B, LINE 11  | THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. AFTER THIS REVIEW AND APPROVAL, A COPY OF THE FORM 990 IS DISTRIBUTED TO THE COMPLETE BOARD PRIOR TO FILING   |
|  | FORM 990, PART VI, SECTION B, LINE 12C | CONFLICTS OF INTEREST ARE INCONSISTENT WITH THE CORE VALUES OF ABIL. POTENTIAL CONFLICTS OF INTEREST INCLUDE, BUT ARE NOT LIMITED TO: THE EMPLOYEE PERFORMING SERVICES FOR MONEY OR OTHER PERSONAL GAIN FOR ANY SUPPLIER OR VENDOR TO ABIL, THE EMPLOYEE'S FAMILY MEMBER PERFORMING SERVICES FOR MONEY OR OTHER PERSONAL GAIN FOR ANY SUPPLIER OR VENDOR TO ABIL, THE EMPLOYEE HAVING OWNERSHIP INTERESTS (SUCH AS STOCK) IN A SUPPLIER OR VENDOR TO ABIL, OR THE EMPLOYEE OWING MONEY (SUCH AS A LOAN) TO A SUPPLIER OR VENDOR TO ABIL. ALL EMPLOYEES ARE TO BE AWARE OF POTENTIAL CONFLICTS OF INTEREST. ALL EMPLOYEES ARE EXPECTED TO DISCLOSE ANY CONFLICTS OF INTEREST TO THEIR SUPERVISOR. WHENEVER AN EMPLOYEE HAS A QUESTION ABOUT A CONFLICT OF INTEREST, IT IS EXPECTED THAT THE EMPLOYEE WILL RAISE THIS ISSUE IMMEDIATELY WITH HIS/HER SUPERVISOR. ALL EMPLOYEES ARE EXPECTED TO GRACIOUSLY DECLINE GIFTS AND TICKETS TO EVENTS THAT ARE NOT OF A NOMINAL VALUE. EMPLOYEES WHO DELIBERATELY ENGAGE IN CONFLICTS OF INTEREST MAY BE DISCIPLINED UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. THIS CONFLICT OF INTEREST POLICY IS COVERED IN THE ABIL PERSONNEL HANDBOOK AND IS ALSO APPLIED TO THE BOARD OF DIRECTORS. |
|  | FORM 990, PART VI, SECTION B, LINE 15  | COMPENSATION FOR THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR.  |
|  | FORM 990, PART VI, SECTION C, LINE 19  | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.   |
| CHANGES IN NET ASSETS OR FUND BALANCES             | FORM 990, PART XI, LINE 5              | NET UNREALIZED GAINS ON INVESTMENTS 87,704. CHANGE IN VALUE OF INTEREST RATE SWAP - 793,596. TOTAL TO FORM 990, PART XI, LINE 5 -705,892.   |
| OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS | FORM 990, PART XII, LINE 2C            | THE FINANCE COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS. THE FINANCE COMMITTEE CONSISTS OF THE EXECUTIVE DIRECTOR AND 5 BOARD MEMBERS, WHO REVIEW QUARTERLY FINANCIAL STATEMENTS, ANNUAL BUDGET, AND ANNUAL AUDIT BEFORE INFORMATION IS SUBMITTED TO THE BOARD. FINANCE COMMITTEE ALSO SELECTS AN INDEPENDENT ACCOUNTANT FOR THE ANNUAL FINANCIAL AUDIT. THE PROCESS OF OVERSIGHT OF FINANCIAL STATEMENTS, AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.  |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ARIZONA BRIDGE TO INDEPENDENT LIVING INC

**Employer identification number**  
86-0486447

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity  | (b)<br>Primary activity                             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|---|--|---------------------|---------------------------|----------------------------------|
| (1) ABIL DEVELOPMENT LLC<br>5025 E WASHINGTON STSTE 200<br>PHOENIX, AZ 85034<br>20-8379903 | LEASING SPACE MAINLY TO<br>NON-PROFIT ORGANIZATIONS | AZ   | 396,465             | 26,981,616                | N/A                              |
|  |   |  |                     |                           |                                  |
|  |   |  |                     |                           |                                  |
|  |   |  |                     |                           |                                  |
|  |   |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |
|   |                         |  |                                  |  |                              |                                    |                             |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>1c</b> |     |    |
| <b>1d</b> |     |    |
| <b>1e</b> |     |    |
| <b>1f</b> |     |    |
| <b>1g</b> |     |    |
| <b>1h</b> |     |    |
| <b>1i</b> |     |    |
| <b>1j</b> |     |    |
| <b>1k</b> |     |    |
| <b>1l</b> |     |    |
| <b>1m</b> |     |    |
| <b>1n</b> |     |    |
| <b>1o</b> |     |    |
| <b>1p</b> |     |    |
| <b>1q</b> |     |    |
| <b>1r</b> |     |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a)<br>Name of other organization | (b)<br>Transaction type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------|------------------------------|------------------------|--|
| (1)                               |                              |                        |  |
| (2)                               |                              |                        |  |
| (3)                               |                              |                        |  |
| (4)                               |                              |                        |  |
| (5)                               |                              |                        |  |
| (6)                               |                              |                        |  |



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 86-0486447  
**Name:** ARIZONA BRIDGE TO INDEPENDENT LIVING INC

**Form 990, Special Condition Description:**

**Special Condition Description**

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**4d. Other program services**

(Code ) (Expenses \$ 1,197,336 including grants of \$ ) (Revenue \$ 189,791 )

-THIS IS MY LIFE PROGRAM FUNDED THROUGH THE AZ DEPARTMENT OF DEVELOPMENTAL DISABILITIES (DDD) THIS PROGRAM PROVIDES SELF-ADVOCACY(SA) AND SELF DETERMINATION (SD) SKILLS COACHING THROUGH 1 ON 1 AND GROUP LEARNING MODULES TO INDIVIDUALS WHO RECEIVE SERVICES THROUGH THE STATE DDD, TO PREPARE AND EMPOWER THEM TO SELF-DIRECT THEIR STATE-PROVIDED SERVICES IN FISCAL YEAR OF 2012 THIS PROGRAM PROVIDED 75 OF 1 ON 1 COACHING, AND 52 CLASSES OF SA & SD WITH 996 PARTICIPANTS -TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) ABIL IS SUBCONTRACTED WITH MAXIMU, A CONTRACTOR WITH SSA AND SSDI, TO DEVELOP PLANS TO ASSIST REFERRED CLIENTS WITH ONGOING, WRITTEN EVALUATIONS AND RECOMMENDATIONS ON THE CLIENT ABILITY TO PARTICIPATE IN APPROVED WORK ACTIVITIES AND/OR OBTAIN AND MAINTAIN EMPLOYMENT -CITY OF PHOENIX DIAL-A-RIDE QUALITY ASSURANCE PROGRAM ABIL IS CONTRACTED WITH CITY OF PHOENIX TO EVALUATE THE DIAL-A-RIDE SERVICE AND PROVIDE THE CITY WITH OBJECTIVE, ACCURATE, AND MEASURABLE DATA TO VALIDATE CURRENT SERVICE TRENDS AND PROVIDE RECOMMENDATIONS FOR IMPROVING SERVICE -AGING AND DISABILITY RESOURCE CENTER PROGRAM (ADRC) ABIL IS CONTRACTED WITH AREA AGENCY ON AGING REGION ONE AND PINAL-GILA COUNCIL FOR SENIOR CITIZENS TO WORK TOGETHER TO PROVIDE OUTREACH AND EDUCATION TO HOSPITAL DISCHARGE PLANNERS WITH THE INTENT TO DEVELOP STRONG RELATIONSHIPS THAT WILL ASSIST THEM IN SEEKING PUBLIC AND PRIVATE SERVICE OPTIONS OF CARE FOR INDIVIDUALS BEING DISCHARGED INTO THE COMMUNITY -VALLEY OF THE SUN UNITED WAY (VSUW) ABIL IS PARTNERSHIP WITH VSUW TO PROVIDE SERVICES IN - COMMUNITY LIVING OPTIONS - OFFERS SERVICES FOR HIGH-FUNCTIONING INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY WHO ARE INELIGIBLE FOR FEDERAL & STATE SUPPORT SERVICES CLO BRINGS TOGETHER CONSUMERS AND COMMUNITY VOLUNTEERS TO PROVIDE RESOURCES AND SUPPORTS FOR INDIVIDUALS NEEDING MORE ASSISTANCE IN THE COMMUNITY CLO GIVES INDIVIDUALS THE OPPORTUNITY TO LEARN THE TRANSPORTATION SYSTEM, BECOME EMPLOYED, CONTINUE EDUCATION, MEET NEW FRIENDS, BUDGET MONEY, MOVE INTO ONE'S OWN APARTMENT OR HAVE A ROOMMATE AND ACCOMPLISH GOALS MOST IMPORTANTLY, IT GIVES CONSUMERS AN OPPORTUNITY TO BECOME INDEPENDENT THE COMMUNITY LIVING OPTIONS PROGRAM SERVED 166 CONSUMERS THIS YEAR, COMPARED TO 57 CONSUMERS LAST YEAR - EARLY INTERVENTION - ABIL HAS A FULL-TIME EARLY INTERVENTION COORDINATOR WHO IS A PERSON WITH A SIGNIFICANT DISABILITY WHO MENTORS NEWLY-DISABLED INDIVIDUALS IN REHAB CENTERS TO ADOPT IL PHILOSOPHY AND LEARN ABOUT THEIR OPTIONS WHILE THEY ADJUST TO A NEW LIFESTYLE DURING THE REPORTING YEAR, THE EI COORDINATOR MADE 603 CONTACTS WITH CONSUMERS AND 556 REHAB OUTREACH CONTACTS A TOTAL OF 368 PEER MENTOR HOURS WERE CONTRIBUTED TO THIS PROGRAM, WITH 31 MENTOR/MENTEE MATCHES- YOUTH TRANSITION - OUTREACH TO YOUTH WITH DISABILITIES, FAMILIES, AND SCHOOLS AND PROVIDE MENTORING OPPORTUNITIES, PRESENT THE IL/SELF-DETERMINATION PHILOSOPHY, ADVOCATE IN IEP MEETINGS, AND CONDUCT WORKSHOPS & TRAININGS ON TRANSITION ISSUES SO THEY CAN GAIN THE SKILLS AND CONFIDENCE TO BE EMPLOYABLE AND DEVELOP LIFESTYLES THAT WILL LEAD TO SUCCESSFUL ADULthood YOUTH TRANSITION STAFF, WITH TRAINED VOLUNTEERS, PROVIDED TOTAL OF 532 HOURS OF WORKSHOPS AND TRAININGS TO LOCAL SCHOOLS - REINTEGRATION THE ABIL REINTEGRATION PROGRAM ASSISTS YOUNG ADULTS UNDER AGE 65 IN GAINING CONFIDENCES, KNOWLEDGE, AND RESOURCES NEEDED TO MOVE OUT OF NURSING HOMES AND MOVE INTO THEIR OWN HOME OR APARTMENT OR INTO ASSISTED LIVING FACILITIES ABIL COMBINES SYSTEMS ADVOCACY WITH TEACHING CONSUMERS INDIVIDUAL ADVOCACY SKILLS THIS PROGRAM ASSISTED 16 CONSUMERS IN LEAVING NURSING HOMES TO EXPERIENCE LESS RESTRICTIVE, MORE INDEPENDENT LIVING ARRANGEMENTS

(Code ) (Expenses \$ 566,493 including grants of \$ ) (Revenue \$ 523,655 )

TITLE VII PART C AND AMERICAN RECOVERY & REINVESTMENT ACT (ARRA)ABIL IS THE PROGRAM CONTRACTOR FOR THE TITLE VII PART C-CENTERS FOR INDEPENDENT LIVING FUNDED (50%) THROUGH ANNUAL GRANT FROM THE U S DEPARTMENT OF EDUCATION TITLE VII PART C PROGRAM CONSISTS OF FOUR CORE SERVICES - ADVOCACY, INFORMATION AND REFERRAL (I&R), INDEPENDENT LIVING,AND PEER MENTORS ABIL SERVED 2,649 CONSUMERS UNDER TITLE VII FUNDS OUR INFORMATION & REFERRAL SPECIALIST ALONE FIELDDED 3,780 CALLS ABIL SPONSORED 111 SOCIALIZATION/RECREATION ACTIVITIES, REPRESENTING 163 NEW CONSUMERS, 654 TOTAL PARTICIPANTS, AND 489 VOLUNTEER HOURS CONTRIBUTED THE REINTEGRATION PROGRAM ASSISTED 28 CONSUMERS IN LEAVING NURSING HOMES TO EXPERIENCE LESS RESTRICTIVE, MORE INDEPENDENT LIVING ARRANGEMENTS ABIL'S EARLY INTERVENTION COORDINATOR, A PERSON WITH A SIGNIFICANT DISABILITY WHO MENTORS NEWLY-DISABLED INDIVIDUALS IN REHABILITATION CENTERS, MET WITH 603 CONSUMERS PEER MENTORS AND GENERAL VOLUNTEERS DONATED 8,951 HOURS OF SERVICE TO ABIL ABIL MAINTAINED A POOL OF 45 TRAINED PEER MENTORS WHO PROVIDED 1,725 HOURS OF ONE-ON-ONE AND GROUP MENTORING AND ADVOCACY TO PERSONS WITH A VARIETY OF DISABILITIES AS A MEMBER OF AZDAC (ARIZONA DISABILITY ADVOCACY COALITION) ABIL HELPED PLAN AND SPONSOR THE ANNUAL ADA CELEBRATION AT THE STATE CAPITOL AND ALSO SPONSORED ARIZONA LEGISLATIVE INFORMATION SERVICE (ALIS) TRAINING FOR 55 PARTICIPANTS THE EMPOWERING YOUTH TRANSITION PROGRAM PROVIDED 91 INTERACTIVE PRESENTATIONS AND WORKSHOPS TO 733 YOUTH, INCLUDING STUDENTS IN AREA HIGH SCHOOLS AND A LOCAL YOUTH DETENTION FACILITY ABIL PROVIDES TRAINING ON SELF-DETERMINATION AND SELF-ADVOCACY TO ADULTS WHO RECEIVE SERVICES THROUGH DDD A TOTAL OF 401 PEOPLE PARTICIPATED IN SELF-DETERMINATION TRAINING AND 50 PARTICIPATED IN SELF-ADVOCACY TRAINING RECENT STATE BUDGET CUTS HAVE LIMITED ABIL'S ABILITY TO MATCH THE OTHER 50% OF PART C FUND THE MATCH WAS FUNDED BY ARRA WHICH WILL PREVENT THE REDUCTION OF CORE SERVICE PROGRAMS AND POSITIONS THAT CURRENTLY SERVE PEOPLE WITH DISABILITIES IN MARICOPA COUNTY AND ALSO MAKE POSSIBLE ABIL'S GOAL OF PROVIDING INDEPENDENT LIVING SERVICES AND OUTREACH TO PINAL COUNTY

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

| <b>4d. Other program services</b>   |                |         |                        |                         |
|---|----------------|---------|------------------------|-------------------------|
| (Code   | ) (Expenses \$ | 422,871 | including grants of \$ | ) (Revenue \$ 524,680 ) |
| -AES IS CONTRACTED BY SSA TO PROVIDE COMPREHENSIVE EMPLOYMENT SERVICES TO SSI/SSDI BENEFICIARIES UNDER THE TICKET TO WORK PROGRAM SINCE 2002 -ALL EMPLOYMENT SERVICES ARE GEARED TOWARD COMMUNITY-BASED, INTEGRATED EMPLOYMENT AES SCREENED, COUNSELED OR INTERVIEWED 491 CONSUMERS IN THIS FISCAL YEAR |                |         |                        |                         |
| (Code   | ) (Expenses \$ | 90,221  | including grants of \$ | ) (Revenue \$ -6,126 )  |
| MISCELLANEOUS CONTRACTS   |                |         |                        |                         |