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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARIZONA BRIDGE TO INDEPENDENT LIVING INC Doing Business As		D Employer identification number 86-0486447	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 5025 E WASHINGTON STREET NO 200		E Telephone number (602) 256-2245	
	City or town, state or country, and ZIP + 4 PHOENIX, AZ 85034		G Gross receipts \$ 36,579,671	
	F Name and address of principal officer PHIL PANGRAZIO 5025 E WASHINGTON STREET NO 200 PHOENIX, AZ 85034		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I 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				
J Website: WWW ABIL ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1984	M State of legal domicile AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities EMPOWER PEOPLE WITH DISABILITIES SO THEY MAY ACHIEVE OR CONTINUE INDEPENDENT LIFESTYLES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2,761
	6 Total number of volunteers (estimate if necessary)	6	275
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,071,087	Current Year 589,472
	9 Program service revenue (Part VIII, line 2g)	34,212,957	35,652,763
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	134,456	143,607
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143,312	157,415
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,561,812	36,543,257
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,578,037	31,275,523
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>12,032</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,431,753	5,412,083
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	35,009,790	36,687,606	
19 Revenue less expenses Subtract line 18 from line 12	552,022	-144,349	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 59,122,973	End of Year 59,531,075
	21 Total liabilities (Part X, line 26)	20,771,002	20,003,789
	22 Net assets or fund balances Subtract line 21 from line 20	38,351,971	39,527,286

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

Sign Here	***** Signature of officer	2014-02-11 Date			
	PHIL PANGRAZIO PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Pnnt/Type preparer's name PHIL MCCOLLUM	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00129716
	Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN 41-0746749	
	Firm's address 20 E THOMAS RD STE 2300 PHOENIX, AZ 85012			Phone no (602) 266-2248	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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 \$ 29,253,855 including grants of \$) (Revenue \$ 32,887,873)
 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 2,153 PERSONAL ASSISTANTS THROUGHOUT MARICOPA, PIMA, PINAL AND GILA COUNTIES PERSONAL ASSISTANCE SERVICES WERE PROVIDED TO 1,821 CONSUMERS THROUGH THE PAS PROGRAM

4b (Code) (Expenses \$ 1,068,580 including grants of \$) (Revenue \$ 1,061,908)
 -HOME MODIFICATION - ABIL'S HOME MODIFICATION PROGRAM COMPLETED 61 ACCESSIBILITY PROJECTS THROUGH COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) CONTRACTS WITH HOUR VELLEY CITIES, INCLUDING PHOENIC, GLENDALE, MESA AND PEORIA ANN ADDITIONAL 142 GOME MODIFICATIONS WERE COMPLETED FOR CONSUMERS ELIGIBLE FOR THE ALTCS PROGRAM THROUGH HEALTH PLAN MEMBERSHIP WITH MERCY CARE, BRIDGEWAY OR SCAN, FOR TOTAL 203 HOME MODIFICATIONS - ABIL REGULARLY PROVIDES PRESENTATIONS IN THE COMMUNITY ON THE FAIR HOUSING AXT 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 \$ 417,585 including grants of \$) (Revenue \$ 384,800)
 -SSA'S AZ BENEFITS TO WORK (AZB2W) AND BENEFIT OFFSET NATIONAL DEMONSTRATION (BOND) - ABIL REBRANDED OUR WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM TO BENEFITS 2 WORK AZ AND PROVIDED WORK INCENTIVES CONSULTATION FOR 239 INDIVIDUALS, WITH 29 ENTERING EMPLOYMENT AND 39 MAINTAINING EMPLOYMENT B2W SERVED 89 NEW INDIVIDUALS THIS YEAR AND PROVIDED 11 PRESENTATIONS ON SSI AND SSDI WORK INCENTIVES TO 119 PARTICIPANTS 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 AND ABIL HAS PROVIDED WORK INCENTIVES CONSULTATION TO 498 BENEFICIARIES ON SSDI, WITH 204 REPORTING EMPLOYMENT AN ADDITIONAL 201 BIND CONSUMERS RECEIVED EMPLOYMENT SERVICES, 178 PARTICIPATED IN COMPREHENSIVE EMPLOYMENT SERVICES, WITH 102 EMPLOYED FULL OR PART TIME

(Code) (Expenses \$ 503,862 including grants of \$) (Revenue \$ 509,819)
 TITLE VII PART C AND ARRA - ABIL IS THE PROGRAM CONTRACTOR FOR THE TITLE VII PART C, CENTERS FOR INDEPENDENT LIVING FUNDED THROUGH ANNUAL GRANT FROM THE US DEPT OF EDUCATION THE PROGRAM CONSISTS OF FOUR CORE SERVICES - ADVOCACY, INFORMATION AND REFERRAL (I & R), INDEPENDENT LIVING (IL), PEER MENTORS (PS) ABIL SERVED 2,996 CONSUMERS UNDER THIS FUND OUR I & R SPECIALIST ALONE FIELDLED 7,252 CALLS PEER MENTORS CONTRIBUTED 2,171 HOURS OF ONE-ON-ONE MENTORING AND ADVOCACY TO PERSONS WITH A VARIETY OF DISABILITIES MENTORS FACILITATED 10 GROUP MENTORING SESSIONS FOR 152 PARTICIPANTS, ABIL MAINTAINED A POOL OF 40 TRAINED PEER MENTORS TRHOUGHTOUT THE YEAR PEER MENTORS AND GENERAL VOLUNTEERS DONATED 12,867 HOURS OF SERVICE TO ABIL OUR ADVOCACY SPECIALIST PROVIDED SERVICES TO 630 UNDUPLICATED INDIVIDUALS, OFFERED 27 RELATED WORKSHOPS FOR 356 PARTICIPANTS THE SOCIALIZATION THROUGH RECREATION PROGRAM PROVIDED SERVICES FOR 121 NEW CONSUMERS, WITH A TOTAL OF 528 CONSUMERS SERVED VOLUNTEERS CONTRIBUTED 284 VOLUNTEER HOURS THE REINTEGRATION PROGRAM ASSISTED 16 CONSUMERS IN LEAVING NURSING HOMES TO LIVE INDEPENDENTLY OUR EARLY INTERVENTION COORDINATOR CONTACTED 508 CONSUMERS THROUGH OUTREACH TO REHAB, AND ATTENDED 72 COMMUNITY OUTREACH MEETINGS, IMPACTING 923 PARTICIPANTS 366 VOLUNTEER HOURS WERE CONTRIBUTED TO THIS PROGRAM RECENT STATE BUDGET CUTS HAS LIMITED ABIL'S ABILITY TO MATCH THE OTHER 50% OF PART C FUND THE MATCH FUNDED BY ARRA WILL PREVENT THE REDUCTION OF CORE SERVICE PROGRAMS IN MARICOPA COUNTY AND PROVIDING OUTREACH TO PINAL COUNTY

(Code) (Expenses \$ 323,589 including grants of \$) (Revenue \$ 280,353)
 - SSA - TICKETS TO WORK - BY ABIL EMPLOYMENT SERVICE (AES) - 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 342 CONSUMER IN THIS FISCAL YEAR

(Code) (Expenses \$ 1,690,818 including grants of \$) (Revenue \$ 630,099)
 ABIL'S THIS IS MY LIFE (TIML) PROGRAM PROVIDED 19 GROUP CLASSES ON SELF ADVOCACY AND 47 GROUP CLASSES ON SELF-DETERMINATION TO CONSUMERS RECEIVING SERVICE THROUGH DDD IN PARTNERSHIP WITH THE AZ CENTER FOR DISABILITY LAW (ACDL), ABIL HOSTED THE ANNUAL AFRICAN AMERICAN CONFERENCE ON DISABILITIES FOR 264 ATTENDEES ABIL COLLABORATED WITH ITS PARTNERS TO PROVIDE THE ANNUAL HEALTH & WELLNESS FAIR FOR NEARLY 1,500 PEOPLE, FEATURING 82 VENDORS AND NUMEROUS PRESENTATIONS AND DEMONSTRATIONS THE EMPOWERING YOUTH IN TRANSITIONS PROGRAM PROVIDED 84 INTERACTIVE PRESENTATIONS AND WORKSHOPS FOR 749 YOUTH, THEIR FAMILIES AND TEACHERS ABIL STAFF CONDUCTED 170 PRESENTATIONS TO MORE THAN 4,725 PEOPLE, PROVIDING EDUCATION AND TECHNICAL ASSISTANCE ON A WIDE VARIETY OF TOPICS AND INFORMATION 145 CONSUMERS RECEIVED 329 HOURS OF ONE-ON-ONE OPTIONS COUNSELING, IN PLANNING FOR THEIR QUALITY OF LIFE THROUGH ACCESSING A VARIETY OF TOOLS AND RESOURCES ABIL'S VITA SITE WAS IN PARTNERSHIP WITH THE IRS, CITY OF PHOENIX , VALLEY CENTER FOR THE DEAF, 16 VOLUNTEERS, 411 VOLUNTEERED HOURS IN PROVIDING INCOME TAX SERVICES TO 132 ARIZONANS ABIL'S IL SKILL PROGRAM SERVED 57 NEW CONSUMERS AND FACILITATED 465 GROUP OR INDIVIDUAL IL SKILLS TRAINING SESSIONS IN ITS 2ND YEAR, THE VIRGINIA G PIPER SPORTS & FITNESS CENTER FOR PERSONS WITH DISABILITIES (SPOFIT) SERVED 1,075 MEMBERS IT HAS PROVIDED 193 VETERANS AND 56 WOUNDED WARRIORS THROUGH ITS SCHOLARSHIP AND PROVIDER AGREEMENTS IT PROVIDED 7 PARALYMPIC EXPERIENCE EVENTS, HOSTED 17 FIELDSTRIPS FOR PUBLIC SCHOOLS WITH 307 STUDENTS WITH DISABILITIES

(Code) (Expenses \$ 95,494 including grants of \$) (Revenue \$ 68,186)
 MISCELLANEOUS CONTRACTS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 2,613,763 including grants of \$) (Revenue \$ 1,488,457)

4e Total program service expenses 33,353,783

Part IV Checklist of Required Schedules

	Yes	No
1 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	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 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
4 Section 501(c)(3) organizations. 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
5 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
6 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
7 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
8 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
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
10 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
11 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		
a 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 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
c 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
d 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
e 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	
f 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
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
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 and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Parts I and IV</i>		No
15 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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 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 (see instructions)</i>		No
18 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
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 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>	23		No
24a	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. 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>	25a		No
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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	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>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 145		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2,761		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		No
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? 9a		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
13c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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

- 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 [] Other (explain in Schedule O)
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 during the tax year
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 (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 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 parts VII 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) 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 LARSON PRESIDENT	1 50	X		X				0	0	0
(2) MARY SLAUGHTER VICE PRESIDENT	1 50	X		X				0	0	0
(3) MICHAEL S SOMSAN SECRETARY	1 50	X		X				0	0	0
(4) LYNN C HOUSTON DIRECTOR	1 00	X						0	0	0
(5) MAX MCQUEEN DIRECTOR	1 00	X						0	0	0
(6) SURYA-PATRICIA LANE HOOD DIRECTOR	1 00	X						0	0	0
(7) SUSAN SCOTT DIRECTOR	1 00	X						0	0	0
(8) ASIM VARMA DIRECTOR	1 00	X						0	0	0
(9) JENNIFER BAYNHAM DIRECTOR	1 00	X						0	0	0
(10) JAMES WINTERTON DIRECTOR	1 00	X						0	0	0
(11) STEVEN TAIT TREASURER	1 50	X		X				0	0	0
(12) RANDALL HOWE DIRECTOR	70	X						0	0	0
(13) BRAD WEMHANER DIRECTOR	1 00	X						0	0	0
(14) GEORGE GARCIA DIRECTOR	1 00	X						0	0	0
(15) F LEE JACQUETTE DIRECTOR	1 00	X						0	0	0
(16) PHIL PANGRAZIO ABIL PRESIDENT & CEO	40 00			X				106,358	0	13,447

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . 1a 88,790					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e 323,673					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 177,009					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	589,472				
Program Service Revenue	Business Code					
	2a PAS PROGRAM INCOME	623990	32,887,873	32,887,873		
	b OTHER PROGRAMS	900099	2,372,443	2,372,443		
	c PROGRAM RENTAL INCOME	900099	392,447	392,447		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		35,652,763				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		143,607		143,607	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	23,554			
		(ii) Personal				
		b Less rental expenses	36,414			
		c Rental income or (loss)	-12,860			
	d Net rental income or (loss)		-12,860		-12,860	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a SPECIAL PROJECTS	900099	140,804	140,804			
b OTHER REVENUE	900099	29,471	29,471			
c						
d All other revenue						
e Total. Add lines 11a-11d		170,275				
12 Total revenue. See Instructions		36,543,257	35,823,038	0	130,747	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	120,325	51,740	56,553	12,032
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	27,477,913	26,968,732	509,181	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	78,422	68,239	10,183	
9	Other employee benefits.	968,121	869,270	98,851	
10	Payroll taxes.	2,630,742	2,575,854	54,888	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	16,199	13,323	2,876	
c	Accounting.	30,800	30,800		
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	60,798	60,798		
12	Advertising and promotion.				
13	Office expenses.	218,799	185,804	32,995	
14	Information technology.	172,997	147,655	25,342	
15	Royalties.				
16	Occupancy.	1,065,641	624,989	440,652	
17	Travel.	153,643	140,405	13,238	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	42,971	11,381	31,590	
20	Interest.	947,347		947,347	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,238,802	408,804	829,998	
23	Insurance.	126,575	103,377	23,198	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	HOME MODIFICATION COSTS	905,519	905,519		
b	OTHER EXPENSES	220,978	84,491	136,487	
c	OTHER OPERATING COSTS	163,815	-11,775	175,590	
d	ST CONTRACT EXPENSES	95,494	95,494		
e	All other expenses	-48,295	18,883	-67,178	
25	Total functional expenses. Add lines 1 through 24e.	36,687,606	33,353,783	3,321,791	12,032
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	2,539,561	1	2,922,869	
	2 Savings and temporary cash investments	9,772,035	2	9,820,421	
	3 Pledges and grants receivable, net	566,380	3	377,587	
	4 Accounts receivable, net	5,510,431	4	6,425,942	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	83,171	9		76,404
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	41,901,151			
	b Less accumulated depreciation	6,090,117	10c		35,811,034
	11 Investments—publicly traded securities	3,030,906	11		3,465,057
	12 Investments—other securities See Part IV, line 11	500,000	12		580,497
	13 Investments—program-related See Part IV, line 11		13		
	14 Intangible assets	74,045	14		51,264
	15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	59,122,973	16		59,531,075	
Liabilities	17 Accounts payable and accrued expenses	1,531,728	17	1,572,687	
	18 Grants payable		18		
	19 Deferred revenue		19	78,060	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	16,500,000	23		16,500,000
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 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	2,739,274	25		1,853,042
	26 Total liabilities. Add lines 17 through 25	20,771,002	26		20,003,789
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	37,694,870	27	39,096,624	
	28 Temporarily restricted net assets	657,101	28	430,662	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	38,351,971	33		39,527,286	
34 Total liabilities and net assets/fund balances	59,122,973	34		59,531,075	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,543,257
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,687,606
3	Revenue less expenses Subtract line 2 from line 1	3	-144,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,351,971
5	Net unrealized gains (losses) on investments	5	433,306
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	886,358
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,527,286

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a 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	
3b 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

2012

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.

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or 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 - Non-functionally integrated
- 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 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
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,291,625	1,199,694	2,071,087	1,071,087	589,472	6,222,965
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,291,625	1,199,694	2,071,087	1,071,087	589,472	6,222,965
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,059,604
6 Public support. Subtract line 5 from line 4						4,163,361

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,291,625	1,199,694	2,071,087	1,071,087	589,472	6,222,965
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	434,325	518,764	469,898	157,960	167,161	1,748,108
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	250,478	247,565	160,851			658,894
11 Total support (Add lines 7 through 10)						8,629,967
12 Gross receipts from related activities, etc. (see instructions)					12	171,184,059
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	48.240%
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	43.950%
16a 33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding collections of art and historical treasures.

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part XIII 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
1a Land		332,571		332,571
b Buildings		35,167,363	2,640,062	32,527,301
c Leasehold improvements		4,168,595	1,709,404	2,459,191
d Equipment		1,775,218	1,609,846	165,372
e Other		457,404	130,805	326,599
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				35,811,034

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	36,917,483
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	433,306
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	433,306
3	Subtract line 2e from line 1	3	36,484,177
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	59,080
c	Add lines 4a and 4b	4c	59,080
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	36,543,257

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	35,742,168
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	36,414
e	Add lines 2a through 2d	2e	36,414
3	Subtract line 2e from line 1	3	35,705,754
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	981,852
c	Add lines 4a and 4b	4c	981,852
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	36,687,606

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -36,414 EXPENSES FOR ST CONTRACTS INCLUDED IN REVENUE 95,494
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 36,414
PART XII, LINE 4B - OTHER ADJUSTMENTS		CHANGE IN VALUE OF INTEREST RATE SWAP 886,358 ROUNDING EXPENSES FOR ST CONTRACTS INCLUDED IN REVENUE 95,494

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

2012

Open to Public Inspection

Name of the organization
ARIZONA BRIDGE TO INDEPENDENT LIVING INC

Employer identification number

86-0486447

Identifier	Return Reference	Explanation
	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 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 CEO.
	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 9	CHANGE IN VALUE OF INTEREST RATE SWAP 886,358
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 CEO 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

2012

**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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ABIL DEVELOPMENT LLC 5025 E WASHINGTON STSTE 200 PHOENIX, AZ 85034 20-8379903	LEASING SPACE MAINLY TO NON-PROFIT ORGANIZATIONS	AZ	402,606	5,392,433	ARIZONA BRIDGE TO INDEPENDENT LIVING INC

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

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

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

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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 or **(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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

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

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

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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