

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
Arizona Bridge to Independent Living, Inc.

D Employer identification number
86-0486447

Number and street (or P O box if mail is not delivered to street address) Room/suite **E** Telephone number
1229 East Washington Street **602-296-0515**

City or town state or country and ZIP + 4 **F** Accounting method: Cash Accrual
Phoenix, AZ 85034 Other (specify) _____

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

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site **N/A**

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

K Check here if the organization's gross receipts are normally not more than \$25 000 The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return

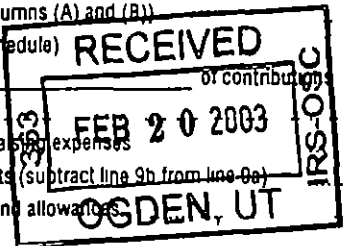
I Enter 4-digit GEN _____

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 **15,349,679.**

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

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

		1a		1b		1c		1d	
Revenue	1	Contributions, gifts, grants, and similar amounts received							
	a	Direct public support		5,495.					
	b	Indirect public support		138,332.					
	c	Government contributions (grants)		1,813,675.					
	d	Total (add lines 1a through 1c) (cash \$ 1,957,502. noncash \$ _____)						1,957,502.	
	2	Program service revenue including government fees and contracts (from Part VII line 93)							
	3	Membership dues and assessments							
	4	Interest on savings and temporary cash investments							
	5	Dividends and interest from securities							
	6a	Gross rents							
	6b	Less rental expenses							
	6c	Net rental income or (loss) (subtract line 6b from line 6a)							
7	Other investment income (describe _____)								
8a	Gross amount from sale of assets other than inventory		(A) Securities		(B) Other				
	Less cost or other basis and sales expenses		8a		8b				
	Gain or (loss) (attach schedule)		8c						
	Net gain or (loss) (combine line 8c, columns (A) and (B))						8d		
9a	Special events and activities (attach schedule)								
	Gross revenue (not including \$ _____ of contributions reported on line 1a)		9a						
	Less direct expenses other than fundraising expenses		9b						
9c	Net income or (loss) from special events (subtract line 9b from line 9a)								
10a	Gross sales of inventory, less returns and allowances		10a						
	Less cost of goods sold		10b						
	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)						10c		
11	Other revenue (from Part VII, line 103)								
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								
Expenses	13	Program services (from line 44 column (B))							
	14	Management and general (from line 44, column (C))							
	15	Fundraising (from line 44, column (D))							
	16	Payments to affiliates (attach schedule)							
	17	Total expenses (add lines 16 and 44, column (A))							
18	Excess or (deficit) for the year (subtract line 17 from line 12)								
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))							
	20	Other changes in net assets or fund balances (attach explanation)							
	21	Net assets or fund balances at end of year (combine lines 18 19 and 20)							



SCANNED MAR 12 2003

Part II Statement of Functional Expenses		All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	121,660.	0.	121,660.
26	Other salaries and wages	26	11,578,907.	11,541,844.	37,063.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	880,688.	868,741.	11,947.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	221,283.	179,239.	42,044.
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35	79,357.	64,279.	15,078.
36	Occupancy	36	159,860.	129,487.	30,373.
37	Equipment rental and maintenance	37	11,521.	9,332.	2,189.
38	Printing and publications	38	37,597.	30,454.	7,143.
39	Travel	39	42,267.	34,236.	8,031.
40	Conferences, conventions, and meetings	40			
41	Interest	41	21,484.	18,223.	3,261.
42	Depreciation, depletion etc (attach schedule)	42	69,161.		69,161.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	See Statement 1	43e	877,242.	743,516.	133,726.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	14,101,027.	13,619,351.	481,676.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
Assists persons with disabilities.	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a See Statement 2	
(Grants and allocations \$ _____)	13,619,351.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44 column (B), Program services)	13,619,351.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	474,398.	45	1,212,082.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	1,258,119.	49	2,039,946.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	4,585.	51a	
	b Less allowance for doubtful accounts	51b	51c	4,585.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	21,222.	53	51,436.
	54 Investments - securities Stmt 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	164,808.	54	187,402.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	657,124.	57a		
b Less accumulated depreciation	441,081.	57b	57c	
58 Other assets (describe <input type="checkbox"/> Interest receivable)	261.	58	0.	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,137,497.	59	3,711,494.	
Liabilities	60 Accounts payable and accrued expenses	346,942.	60	626,278.
	61 Grants payable		61	
	62 Deferred revenue	0.	62	10,833.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> See Statement 4)	140,666.	65	175,842.
66 Total liabilities (add lines 60 through 65)	487,608.	66	812,953.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,649,889.	67	2,898,541.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,649,889.	73	2,898,541.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,137,497.	74	3,711,494.	

Form 990 is available for public inspection and for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a Program Income					5,077.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					13,326,154.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					4,787.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a Other income					56,159.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	13,392,177.
105 Total (add line 104, columns (B), (D), and (E))					13,392,177.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	See Statement 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
ABIL Associates, 1229 E. Washington St., Phoenix, AZ 85034	100%	Inactive		4,585.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Accompanying schedules and statements and to the best of my knowledge and belief it is true, information of which preparer has any knowledge.

01/14/03 Joseph P. M. Kitosh, President of board
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **Arizona Bridge to Independent Living, Inc.**

Employer identification number
86 0486447

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50 000 for professional services ▶

0

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \blacktriangleright _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Arizona Bridge to Independent Living, Inc.

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	8,959,401.	6,562,580.	4,508,960.	3,324,502.	23,355,443.
18 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	21,830.	36,186.	33,487.	68,488.	159,991.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	20,040.	873.	2,936.	3,975.	27,824.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	9,001,271.	6,599,639.	4,545,383.	3,396,965.	23,543,258.
24 Line 23 minus line 17	8,979,441.	6,563,453.	4,511,896.	3,328,477.	23,383,267.
25 Enter 1% of line 23	90,013.	65,996.	45,454.	33,970.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				▶ 26a 467,665.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				▶ 26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				▶ 26c 23,383,267.
	d Add: Amounts from column (e) for lines 18 <u>27,824.</u> 19 _____ 22 _____ 26b _____				▶ 26d 27,824.
	e Public support (line 26c minus line 26d total)				▶ 26e 23,355,443.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				▶ 26f 99.8810%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11 as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A				
	(2000)	(1999)	(1998)	(1997)	
	c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				▶ 27c N/A
	d Add: Line 27a total _____ and line 27b total _____				▶ 27d N/A
	e Public support (line 27c total minus line 27d total)				▶ 27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e):				▶ 27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				▶ 27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				▶ 27h N/A %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	None				

Arizona Bridge to Independent Living,

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

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No" please explain (If you need more space attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500 000 20% of the amount on line 40 Over \$500 000 but not over \$1,000,000 \$100 000 plus 15% of the excess over \$500 000 Over \$1 000 000 but not over \$1 500,000 \$175 000 plus 10% of the excess over \$1,000 000 Over \$1 500,000 but not over \$17 000 000 \$225 000 plus 5% of the excess over \$1,500 000 Over \$17 000 000 \$1,000 000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
	a Volunteers		
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs government officials or a legislative body			
h Rallies, demonstrations seminars, conventions, speeches, lectures or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

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

Form 990	Other Expenses			Statement 1
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Unrealized loss on Investments	66,595.		66,595.	
Training and Tuition	19,807.	16,044.	3,763.	
Advertising, program/publicity expenses	51,602.	41,798.	9,804.	
Other expenses	139,348.	109,848.	29,500.	
Home modifications costs	160,862.	160,862.		
Bad Debt Expense	414,964.	414,964.		
Realized Gain/Loss	24,064.		24,064.	
Total to Fm 990, ln 43	877,242.	743,516.	133,726.	

Form 990 Statement of Program Service Accomplishments Statement 2

Description of Program Service One

Provide personal assistance services to 650 handicapped persons, assist with home modification costs, counseling, peer support skills training, and other various services to assist persons with disabilities achieve and maintain independ

	Grants	Expenses
To Form 990, Part III, line a		13,619,351.

Form 990 Non-Government Securities Statement 3

Security Description	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Other Securities	Total Non-Gov't Securities
Common stock	187,402.				187,402.
To 990, ln 54 Col B	187,402.				187,402.

Form 990	Other Liabilities	Statement	4
Description		Amount	
Capital lease payable		7,251.	
Compensated absences payable		168,591.	
Total to Form 990, Part IV, line 65, Column B		175,842.	

Form 990	Part V - List of Officers, Directors, Trustees and Key Employees	Statement	5
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Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Contrib	Plan Expense Account
Marjann Fletcher 6810-m North 35th Ave. Phoenix, AZ 85017	President < 1	0.	0.	0.
Joseph Mikitish 1275 W Washington Phoenix, AZ 85007	Vice President < 1	0.	0.	0.
Pamela E. Allan 2310 W Orangewood Ave, #11 Phoenix, AZ 85021	Program Officer <1	0.	0.	0.
Lynn C. Houston 802 E Seldon Lane Phoenix, AZ 85020	Treasurer <1	0.	0.	0.
Tom Ringhofer 2440 S. Mill Ave, #128 Tempe, AZ 85282	Secretary < 1	0.	0.	0.
Jim Brahaney 200 W Washington St, 11th Floor Phoenix, AZ 85003	Member < 1	0.	0.	0.
Sheila Denney 1042 E Sequoia Phoenix, AZ 85024	Member < 1	0.	0.	0.
William A. Harper 9308 Navajo Place Sun Lakes, AZ 85248	Member < 1	0.	0.	0.

FORM 990

STATEMENT 7 - PROPERTY AND EQUIPMENT

Depreciation of fixed assets is provided on a straight-line basis over the estimated useful lives of the assets. Useful lives for leasehold improvements range from five to twenty years and furniture, equipment and vehicles range from five to ten years. At June 30, 2002, the costs of such assets were as follows:

Leasehold improvements	\$ 297,908
Furniture, equipment and vehicles	359,216
Less accumulated depreciation	<u>(441,081)</u>
	<u>\$ 216,043</u>

Depreciation expense for the year totalled \$69,161

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note. Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	Arizona Bridge to Independent Living Inc	86-0486447
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. 1229 East Washington Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Phoenix, AZ 85034	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until February 18, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2001 and ending JUN 30, 2002

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Craig Sborovich Title ▶ CPA/Agent Date ▶ 10-28-02
 LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)