

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

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 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1229 EAST WASHINGTON STREET**

City or town, state or country, and ZIP + 4: **PHOENIX, AZ 85034**

D Employer identification number: **86-0486447**

E Telephone number: **602.256.2245**

F Accounting method: Cash Accrual 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)

G Website: **WWW.ABIL.ORG**

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

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

I Group Exemption Number: _____

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **28,589,284.**

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

1	Contributions, gifts, grants, and similar amounts received.				
	a	Direct public support	1a	51,266.	
	b	Indirect public support	1b	141,298.	
	c	Government contributions (grants)	1c	348,593.	
	d	Total (add lines 1a through 1c) (cash \$ <u>541,157.</u> noncash \$ _____)	1d	541,157.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	27,759,964.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	29,352.	
	5	Dividends and interest from securities	5	26,075.	
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe _____)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		164,892.	8a	5,000.	
		175,106.	8b	12,786.	
		<10,214.>	8c	<7,786.>	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<18,000.>		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1a)	9a	45,538.		
b	Less: direct expenses other than fundraising expenses	9b	53,780.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<8,242.>		
10 a	Gross sales of inventory, less returns and allowances	10a			
		b	Less: cost of goods sold	10b	
		c	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)	11	17,306.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	28,347,612.		
Expenses	13	Program services (from line 44, column (B))	13	24,233,027.	
	14	Management and general (from line 44, column (C))	14	814,252.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	25,047,279.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	3,300,333.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,759,037.	
	20	Other changes in net assets or fund balances (attach explanation)	20	30,574.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	11,089,944.	

SCANNED JUL 03 2006

RECEIVED
MAY 9 2006
INTERNAL REVENUE SERVICE
FRESNO, CA

RECEIVED DO 20
Ogden Service Center
MAY 15 2006
Internal Revenue Service
Ogden, Utah

RECEIVED
MAY 17 2006

15P

**ARIZONA BRIDGE TO INDEPENDENT
LIVING, INC.**

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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 79,167.	30,083.	49,084.	0.
26	Other salaries and wages	26 20,771,109.	20,757,636.	13,473.	
27	Pension plan contributions	27			
28	Other employee benefits	28 288,942.	282,503.	6,439.	
29	Payroll taxes	29 2,001,888.	1,996,753.	5,135.	
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32 254,157.	243,939.	10,218.	
33	Supplies	33 60,810.	50,855.	9,955.	
34	Telephone	34 71,823.	67,513.	4,310.	
35	Postage and shipping	35 39,073.	35,008.	4,065.	
36	Occupancy	36 201,905.	194,442.	7,463.	
37	Equipment rental and maintenance	37 163,868.	45,002.	118,866.	
38	Printing and publications	38 31,173.	27,841.	3,332.	
39	Travel	39 79,698.	70,773.	8,925.	
40	Conferences, conventions, and meetings	40			
41	Interest	41 6,002.		6,002.	
42	Depreciation, depletion, etc. (attach schedule)	42 124,300.	62,150.	62,150.	
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 5	43e 873,364.	368,529.	504,835.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 25,047,279.	24,233,027.	814,252.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (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? **▶**

ASSIST 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.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a SEE STATEMENT 6	
(Grants and allocations \$ _____)	24,233,027.
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)	▶ 24,233,027.

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	1,563,278.	45	1,187,138.
	46 Savings and temporary cash investments		46	4,722,954.
	47 a Accounts receivable	47a 5,940,763.		
	b Less: allowance for doubtful accounts	47b 871,385.	6,088,354.	47c 5,069,378.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees			50
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		80,396.	53 150,413.
	54 Investments - securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		464,664.	54 437,710.
	55 a Investments - land, buildings, and equipment; basis	55a		
	b Less: accumulated depreciation	55b		55c
56 Investments - other		0.	56 0.	
57 a Land, buildings, and equipment; basis	57a 1,236,206.			
b Less: accumulated depreciation	57b 716,619.	391,643.	57c 519,587.	
58 Other assets (describe)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		8,588,335.	59 12,087,180.	
Liabilities	60 Accounts payable and accrued expenses	688,834.	60	972,861.
	61 Grants payable		61	
	62 Deferred revenue	55,333.	62	13,740.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 8		64b	10,635.
	65 Other liabilities (describe)		85,131.	65 0.
66 Total liabilities (add lines 60 through 65)		829,298.	66 997,236.	
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	7,759,037.	67	10,907,179.
	68 Temporarily restricted	0.	68	182,765.
	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 59, column (B) must equal line 21)		7,759,037.	73 11,089,944.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		8,588,335.	74 12,087,180.	

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.

**ARIZONA BRIDGE TO INDEPENDENT
LIVING, INC.**

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 0.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed ▶ ARIZONA		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 1852		
91	The books are in care of ▶ ABIL'S FINANCE DEPT Telephone no. ▶ 602-296-0520		

Located at ▶ 1229 E WASHINGTON ST., PHOENIX, AZ ZIP + 4 ▶ 85034

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 | N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM INCOME					
b					1,227,557.
c					
d					
e					
f Medicare/Medicaid payments					26,532,407.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	29,352.	
96 Dividends and interest from securities			14	26,075.	
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			18	<18,000.>	
101 Net income or (loss) from special events					<8,242.>
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER REVENUE - RELATED					
b					17,306.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		37,427.	27,769,028.
105 Total (add line 104, columns (B), (D), and (E))					27,806,455.

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 page 34 of the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PROVISION OF SERVICES TO PEOPLE WITH DISABILITIES
93F	PROVISION OF SERVICES TO PEOPLE WITH DISABILITIES
101	FUN EVENTS FOR PEOPLE WITH DISABILITIES
103A	PROVISION OF SERVICES TO PEOPLE WITH DISABILITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

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

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 3/11/06 Type or print name and title: EDWARD L. MYERS President

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 3/23/06 Check if self-employed: Preparer's SSN or PTIN:
 Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTON GUNDERSON LLP, 3003 N. CENTRAL AVE., STE 500, PHOENIX, AZ 85012
 EIN:
 Phone no.: (602) 266-2248

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2004

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

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
<u>SUSAN WEBB</u> 1229 E WASHINGTON ST., PHOENIX, AZ 85034	BUS DEVELP 40	69,100.	627.	0.
<u>GWEN DEAN</u> 1229 E WASHINGTON ST., PHOENIX, AZ 85034	PAS PROGRAM 40	73,446.	1,400.	0.
<u>DONNA KRUCK</u> 1229 E WASHINGTON ST., PHOENIX, AZ 85034	ADVOCACY 40	57,536.	235.	0.
<u>DARREL CHRISTENSON</u> 1229 E WASHINGTON ST, PHOENIX, AZ 85034	COMM INTEGRAT 40	54,197.	960.	0.
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
<u>NONE</u>		
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
<p>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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
<p>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) SEE STATEMENT 10</p> <p>a Sale, exchange, or leasing of property?</p>		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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 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 5 of the instructions.)

ARIZONA BRIDGE TO INDEPENDENT

Schedule A (Form 990 or 990-EZ) 2004

LIVING, INC.

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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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,725,446.	1,393,573.	1,957,502.	8,959,401.	14,035,922.
16 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	19676080.	36,273.	56,159.	21,830.	19,790,342.
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	46,157.	5,849.	4,787.	20,040.	76,833.
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	10,237.		SEE STATEMENT 11		10,237.
23 Total of lines 15 through 22	21457920.	1,435,695.	2,018,448.	9,001,271.	33,913,334.
24 Line 23 minus line 17	1,781,840.	1,399,422.	1,962,289.	8,979,441.	14,122,992.
25 Enter 1% of line 23	214,579.	14,357.	20,184.	90,013.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 282,460.
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 2000 through 2003 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 14,122,992.
d Add: Amounts from column (e) for lines: 18 76,833. 19 _____ 22 10,237. 26b _____					26d 87,070.
e Public support (line 26c minus line 26d total)					26e 14,035,922.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.3835%
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					
(2003) (2002) (2001) (2000)					
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					
(2003) (2002) (2001) (2000)					
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 2000 through 2003, 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.					

ARIZONA BRIDGE TO INDEPENDENT

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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

ARIZONA BRIDGE TO INDEPENDENT

Schedule A (Form 990 or 990-EZ) 2004 LIVING, INC.

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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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		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		
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 (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
REALIZED GAIN/LOSS ON INVESTMENT			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS	164,892.	175,106.	0.	<10,214.>
TOTAL TO FM 990, PART I, LN 8	164,892.	175,106.	0.	<10,214.>

FORM 990 **GAIN (LOSS) FROM SALE OF OTHER ASSETS** **STATEMENT** **2**

DESCRIPTION	DATE	DATE	METHOD		
	ACQUIRED	SOLD	ACQUIRED		
PROPERTY AND EQUIPMENT			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	5,000.	12,786.	0.	0.	<7,786.>
TO FM 990, PART I, LN 8	5,000.	12,786.	0.	0.	<7,786.>

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **3**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ADV- FINE ARTS	600.		600.	552.	48.
CYBERCIL/SILC	40,000.		40,000.	31,463.	8,537.
AZDAC	4,500.		4,500.	2,345.	2,155.
ROBERT MAST	438.		438.		438.
TRIP SUMMIT				1,127.	<1,127.>
MAST TRANSITIONAL HOUSE				18,293.	<18,293.>
TO FM 990, PART I, LINE 9	45,538.		45,538.	53,780.	<8,242.>

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **4**

DESCRIPTION	AMOUNT
UNREALIZED GAIN/(LOSS)	30,574.
TOTAL TO FORM 990, PART I, LINE 20	30,574.

FORM 990 **OTHER EXPENSES** **STATEMENT 5**

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
HOME MODIFICATION COSTS	251,752.	251,752.		
TRAINING AND TUITION	35,948.	13,656.	22,292.	
PUBLIC RELATIONS	104,027.	63,979.	40,048.	
INSURANCE	47,342.	34,567.	12,775.	
MISCELLANEOUS	17,769.	4,575.	13,194.	
BAD DEBT EXPENSE	416,526.		416,526.	
TOTAL TO FM 990, LN 43	873,364.	368,529.	504,835.	

FORM 990 **STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS** **STATEMENT 6**

DESCRIPTION OF PROGRAM SERVICE ONE

PROVIDE PERSONAL ASSISTANCE SERVICES TO HANDICAPPED PERSONS, ASSIST WITH HOME MODIFICATION COSTS, COUNSELING PEER SUPPORT SKILLS TRAINING, AND OTHER VARIOUS SERVICES ASSISTING PERSONS WITH DISABILITIES TO ACHIEVE AND MAINTAIN INDEPENDENCE

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		24,233,027.

FORM 990 **NON-GOVERNMENT SECURITIES** **STATEMENT 7**

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SECURITIES AND OTHER INVESTMENTS	FMV			437,710.	437,710.
TO FORM 990, LINE 54, COL B				437,710.	437,710.

FORM 990	MORTGAGES PAYABLE	STATEMENT	8
DESCRIPTION		BALANCE DUE	
CITY OF PHOENIX		10,635.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		10,635.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PHIL PANGRAZIO 1229 E WASHINGTON STREET PHOENIX, AZ 85034	EXECUTIVE DIRECTOR 40	79,167.	4,801.	0.
TOM RINGHOFER 809 W GROVE PARKWAY UNIT 1098 TEMPE, AZ 85283	PRESIDENT <1	0.	0.	0.
EDWARD L MYERS, III 5519 S MITCHELL DR TEMPE, AZ 85283	VICE PRESIDENT <1	0.	0.	0.
SUSAN SCOTT 18268 N 39TH AVE GLENDALE, AZ 85308	SECRETARY <1	0.	0.	0.
F LEE JACQUETTE 6318 N 10TH AVE PHOENIX, AZ 85013	TREASURER <1	0.	0.	0.
JOSEPH MIKITISH 1275 W WASHINGTON PHOENIX, AZ 85007	PAST PRESIDENT <1	0.	0.	0.
PAMELA E ALLAN 2310 W ORANGEWOOD AVE #11 PHOENIX, AZ 85021	DIRECTOR <1	0.	0.	0.
NOLA BAKER-JONES 1009 S WESTWOOD ST MESA, AZ 85210	DIRECTOR <1	0.	0.	0.

ARIZONA BRIDGE TO INDEPENDENT LIVING, I

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MARJANN FLETCHER 6810-M N 35TH AVE PHOENIX, AZ 85017	DIRECTOR <1	0.	0.	0.
WILLIAM A HARPER 9308 NAVAJO PLACE SUN LAKES, AZ 85248	DIRECTOR <1	0.	0.	0.
LYNN C HOUSTON 802 E SELDON LANE PHOENIX, AZ 85020	DIRECTOR <1	0.	0.	0.
NIKKI JEFFORDS 6245 W WARNER ST PHOENIX, AZ 85943	DIRECTOR <1	0.	0.	0.
MAX MCQUEEN P O BOX 62611 PHOENIX, AZ 85082	DIRECTOR <1	0.	0.	0.
NICHOLAS L PERRY 1530 E MEQUITE GILBERT, AZ 85296	DIRECTOR <1	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V		<u>79,167.</u>	<u>4,801.</u>	<u>0.</u>
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SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2 STATEMENT 10

SEE FORM 990, PART V - OFFICERS

SCHEDULE A	OTHER INCOME				STATEMENT 11
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
OTHER REVENUE	10,237.	0.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	<u>10,237.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	

ARIZONA BRIDGE TO INDEPENDENT LIVING
2004 FORM 990
FYE 6/30/2005
86-0486447

LAND, BUILDINGS AND EQUIPMENT DETAIL - Line 57

<u>DESCRIPTION</u>	<u>6/30/2005</u>	<u>Current</u> <u>Depreciation</u>	<u>Accumulated</u> <u>Depreciation</u>	<u>Net</u>
Fixed Assets and Equipment	734,925	76,919	(395,748)	339,177
Leasehold Improvements	313,575	30,320	(293,305)	20,270
Transportation Equipment	8,917	1,273	(7,643)	1,274
Transportation Equipment (new van)	8,789	1,255	(3,348)	5,441
Transportation Equipment (Mast van)	0	1,500	0	0
Building - Mast House	153,000	13,033	(16,575)	136,425
Land	17,000			17,000
TOTAL	1,236,206	124,300	(716,619)	519,587

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization ARIZONA BRIDGE TO INDEPENDENT LIVING, INC.	Employer identification number 86-0486447
	Number, street, and room or suite no. If a P.O. box, see instructions 1229 EAST WASHINGTON STREET	For IRS use only
	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):

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **ABIL'S FINANCE DEPT**
Telephone No. **602-296-0520** FAX No **602-254-6407**
- 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 is for.

4 I request an additional 3-month extension of time until **MAY 15, 2006**

5 For calendar year _____, or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a 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 Sarah K Lemke Title CPTA Date 2/13/06

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name CLIFTON GUNDERSON LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 3003 N. CENTRAL AVE., STE 500
	City or town, province or state, and country (including postal or ZIP code) PHOENIX, AZ 85012

60200