

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
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- 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
 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 Web site: www.abl.org

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **31,104,920**

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? Yes No
 (If "No," attach a list See instructions)

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)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	140,255		
c	Indirect public support (not included on line 1a)	1c	124,971		
d	Government contributions (grants) (not included on line 1a)	1d	306,671		
e	Total (add lines 1a through 1d) (cash \$ 571,897 noncash \$ _____)	1e	571,897		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	29,925,088		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	357,082		
5	Dividends and interest from securities	5	31,961		
6a	Gross rents	6a	74,169		
b	Less rental expenses	6b			
c	Net rental income or (loss) subtract line 6b from line 6a	6c	74,169		
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	862	(B) Other	50
b	Less cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c	862	8c	50
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			912
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	116,536		
b	Less direct expenses other than fundraising expenses	9b	202,321		
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c			-85,785
10a	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	27,275		
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	30,902,599		
13	Program services (from line 44, column (B))	13	25,550,786		
14	Management and general (from line 44, column (C))	14	1,008,473		
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17	26,559,259		
18	Excess or (deficit) for the year Subtract line 17 from line 12	18	4,343,340		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	16,080,258		
20	Other changes in net assets or fund balances (attach explanation)	20	492,022		
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	20,915,620		

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. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	99,779	37,916	61,863	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	21,749,930	21,415,938	333,992	
27	Pension plan contributions not included on lines 25a, b and c	27	40,416	34,709	5,707	
28	Employee benefits not included on lines 25a - 27	28	377,514	337,102	40,412	
29	Payroll taxes	29	2,173,455	2,140,739	32,716	
30	Professional fundraising fees	30				
31	Accounting fees	31	23,700	21,079	2,621	
32	Legal fees	32	251,871	243,400	8,471	
33	Supplies	33	54,711	41,627	13,084	
34	Telephone	34	86,098	81,138	4,960	
35	Postage and shipping	35	40,634	39,784	850	
36	Occupancy	36	328,853	321,844	7,009	
37	Equipment rental and maintenance	37	191,570	45,935	145,635	
38	Printing and publications	38	58,483	54,282	4,201	
39	Travel	39	91,874	77,517	14,357	
40	Conferences, conventions, and meetings	40				
41	Interest	41	7,234		7,234	
42	Depreciation, depletion, etc. (attach schedule)	42	156,129	78,064	78,065	
43	Other expenses not covered above (itemize)					
a	HOME MODIFICATION COSTS	43a	278,606	278,606		
b	TRAINING AND TUITION	43b	56,801	20,026	36,775	
c	PUBLIC RELATIONS	43c	182,447	126,205	56,242	
d	INSURANCE	43d	158,024	150,528	7,496	
e	MISCELLANEOUS EXPENSE	43e	10,629	4,347	6,282	
f	BAD DEBT EXPENSE	43f	140,501		140,501	
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	26,559,259	25,550,786	1,008,473	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 (See the instructions.)

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.

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 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. THE ORGANIZATION RECEIVES DONATED SERVICES FROM A VARIETY OF UNPAID VOLUNTEERS ASSISTING IN VARIOUS PROGRAMS. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	25,550,786
b _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/>	25,550,786

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	445,601	45	1,095,467
	46 Savings and temporary cash investments	6,860,343	46	8,308,833
	47a Accounts receivable	47a 7,123,741		
	b Less allowance for doubtful accounts	47b 540,501	4,378,342	47c 6,583,240
	48a Pledges receivable	48a 100,000		
	b Less allowance for doubtful accounts	48b		48c 100,000
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	108,838	53	52,170
	54a Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	878,721	54a	1,329,593
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments—other (attach schedule)			56
57a Land, buildings, and equipment basis	57a 10,868,637			
b Less accumulated depreciation (attach schedule)	57b 1,085,442	4,171,803	57c  9,783,195	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			58  373,973	
59 Total assets (must equal line 74) Add lines 45 through 58	16,843,648	59	27,626,471	
Liabilities	60 Accounts payable and accrued expenses	763,390	60	2,210,851
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b  4,500,000	
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
66 Total liabilities Add lines 60 through 65	763,390	66	6,710,851	
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	15,665,687	67	20,531,463
	68 Temporarily restricted	414,571	68	384,157
	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 and column (B) must equal line 21)	16,080,258	73	20,915,620
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	16,843,648	74	27,626,471

Part VI Other Information (continued)

		Yes	No
82a 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	Yes	
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		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
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 the prior year.			
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	85h		
86 <i>501(c)(7) orgs.</i> Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 <i>501(c)(12) orgs.</i> Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a 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	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>			
b <i>501(c)(3) and 501(c)(4) orgs.</i> 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		No
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			
e <i>All organizations.</i> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f <i>All organizations.</i> Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a List the states with which a copy of this return is filed <input type="text" value="AZ"/>			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b		1,620
91a The books are in care of <input type="text" value="ABIL's Finance Dept"/> Telephone no <input type="text" value="(602) 296-0520"/>			
1229 E Washington St			
Located at <input type="text" value="Phoenix, AZ"/> ZIP + 4 <input type="text" value="85034"/>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="text"/>			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

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**

Part VII Analysis of Income-Producing Activities (See 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) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM INCOME					1,190,219
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					28,734,869
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	357,082	
96 Dividends and interest from securities			14	31,961	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	74,169	
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	912	
101 Net income or (loss) from special events					-85,785
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Other revenue					27,275
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				464,124	29,866,578
105 Total (add line 104, columns (B), (D), and (E))					30,330,702

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

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.		
	*****		2008-01-08
	Signature of officer		Date
	Lynn C Houston President of Board		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature Mark Schneider CPA	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	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
990EZ)**

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

2006

Department of the
Treasury
Internal Revenue
Service

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

Employer identification number

86-0486447

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 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
Gwen Dean 1229 E WASHINGTON ST PHOENIX, AZ 85034	PAS Program Director 40 00	83,972	9,228	0
Susan Webb 1229 E WASHINGTON ST PHOENIX, AZ 85034	Bus Development 40 00	72,370	8,795	0
DONNA KURCK 1229 E WASHINGTON ST PHOENIX, AZ 85034	ADVOCACY DIRECTOR 40 00	62,831	8,434	0
DARREL CHRISTENSON 1229 E WASHINGTON ST PHOENIX, AZ 85034	COMM INTEGR DIRECTOR 40 00	60,850	8,359	0
ANN PASCO 1229 E WASHINGTON ST PHOENIX, AZ 85034	OPERATION DIRECTOR 40 00	56,625	836	0
Total number of other employees paid over \$50,000	1			

Part II-A 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		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Nothing But Net 455 S 48th Street Ste 101 Tempe, AZ 85281	IT Network & Computers	129,222
New Horizon Inc 8085 E Manley Drive 1 Prescott Valley, AZ 86314	Subcontract for SSA's grant for outreach srvc	108,720
DIRECT 1023 N Tyndall Avenue Tucson, AZ 85719	Subcontract for SSA's grant for outreach srvc	91,961
Total number of other contractors receiving over \$50,000 for other services		

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, include 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>	1		No
<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.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	770,387	541,157	1,725,446	1,393,573	4,430,563
16 Membership fees received					0
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	31,215,646	28,729,105	19,676,080	36,273	79,657,104
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	395,825	55,427	46,157	5,849	503,258
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	10,241	17,306	10,237		37,784
23 Total of lines 15 through 22	32,392,099	29,342,995	21,457,920	1,435,695	84,628,709
24 Line 23 minus line 17	1,176,453	613,890	1,781,840	1,399,422	4,971,605
25 Enter 1% of line 23	323,921	293,430	214,579	14,357	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 99,432
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 2002 through 2005 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 4,971,605
d Add Amounts from column (e) for lines 18 503,258 19 0 22 26 b 0					26d 541,042
e Public support (line 26c minus line 26d total)					26e 4,430,563
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 8911 74 %
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 (2005) (2004) (2003) (2002)					
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 11b, 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 (2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					

Part V Private School Questionnaire (See page 7 of the instructions.)**(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 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)		
34a	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 10 of the instructions.)

(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

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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

- 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**.)

Yes	No	Amount

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

Additional Data**Software ID:****Software Version:****EIN:** 86-0486447**Name:** ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Phil Pangrazio 4233 E La Puente Ave PHOENIX, AZ 85044	Executive Director 40 00	90,333	9,446	0
TOM RINGHOFER 809 W GROVE PARKWAY UNIT 1098 TEMPE, AZ 85283	PAST PRESIDENT 1 00	0	0	0
EDWARD L MYERS III 5519 S MITCHELL DR TEMPE, AZ 85283	PRESIDENT 1 00	0	0	0
SUSAN SCOTT 18268 N 39TH AVE GLENDALE, AZ 85308	DIRECTOR 1 00	0	0	0
F LEE JACQUETTE 6318 N 10TH AVE PHOENIX, AZ 85013	TREASURER 1 00	0	0	0
PAMELA E ALLAN 2310 W ORANGEWOOD AVE 11 PHOENIX, AZ 85021	Secretary 1 00	0	0	0
NOLA BAKER-JONES 1009 S WESTWOOD ST MESA, AZ 85210	DIRECTOR 1 00	0	0	0
MARJANN FLETCHER 6810-M N 35TH AVE PHOENIX, AZ 85017	DIRECTOR 1 00	0	0	0
WILLIAM A HARPER 9308 NAVAJO PLACE SUN LAKES, AZ 85248	DIRECTOR 1 00	0	0	0
MAX MCQUEEN P O BOX 62611 PHOENIX, AZ 85082	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NICHOLAS L PERRY 1530 E MEQUITE GILBERT,AZ 85296	DIRECTOR 1 00	0	0	0
LYNN C HONSTON 802 E SELDON LANE PHOENIX,AZ 85020	VICE PRESIDENT 1 00	0	0	0
STEVEN TAIT 4000 N CENTRAL AVE STE 1100 PHOENIX,AZ 85012	DIRECTOR 1 00	0	0	0
ROBERT PAYNE 7125 E SUPERSTITION SPRINGS BLVD 1019 MESA,AZ 85208	DIRECTOR 1 00	0	0	0
RANDALL M HOWE 6334 N 10TH AVE PHOENIX,AZ 85013	DIRECTOR 1 00	0	0	0
Gene Heppard 1554 W Impala Ave Mesa,AZ 85202	Director 1 00	0	0	0

TY 2006 Depreciation and Depletion Schedule

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC

EIN: 86-0486447

Asset	Amount
Leasehold Improvements	5,086
Vehicles	1,729
Furniture & Equipment	93,941
Bldg 1 - Mast House	13,033
Bldg 2 - 50th St Washington	42,340

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC

EIN: 86-0486447

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
Sale of Used Computer	2006-12	PURCHASED	2006-12		50	1,295	0	50	1,295

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC

EIN: 86-0486447

Gross Sales Price:	862
Basis:	0
Sales Expenses:	0
Total (net):	862

TY 2006 Land etc. Schedule

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC

EIN: 86-0486447

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Buildings	3,857,998	483,514	3,374,484
Furniture & Fixtures	792,061	586,679	205,382
Land	358,658		358,658
Transportation Equipment	27,653	15,249	12,404
Other	5,832,267		5,832,267

TY 2006 Mortgages and Notes Payable Schedule

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC

EIN: 86-0486447

Total Mortgage Amount: 4500000

TY 2006 Other Assets Schedule

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC

EIN: 86-0486447

Description	Beginning of Year Amount	End of Year Amount
Interest Rate Swap Asset		373,973

TY 2006 Other Changes in Net Assets Schedule

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC

EIN: 86-0486447

Description	Amount
Unrealized Gains(Losses)	118,049
Change in value of interest rate sw ap	373,973

TY 2006 Special Events Schedule

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC

EIN: 86-0486447

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
CYBERCIL ONLINE PROGRAM PROVIDING RESOURCES FOR PERSONS WITH DISABILITIES	40,010	0	40,010	39,439	571
AZDAC PROMOTES POLICIES THAT ENHANCES RIGHTS OF PEOPLE WITH DISABILITIES	35,650	0	35,650	56,927	-21,277
Corp Anniversary Celebration	11,390	0	11,390	74,704	-63,314
DevPAS Training - AAA	17,400	0	17,400	3,583	13,817
Other	12,086	0	12,086	27,668	-15,582

TY 2006 Other Income Schedule

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC
LIVING INC

EIN: 86-0486447

Description	2003	2002	2001	2000	Total
OTHER REVENUE	10,241	17,306	10,237		37,784