

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)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: ARIZONA BRIDGE TO INDEPENDENT LIVING, INC. D Employer identification number: 86-0486447. E Telephone number: 602.256.2245. G Gross receipts: 38,369,233. H(a) Is this a group return for affiliates? Yes No. H(b) Are all affiliates included? Yes No. I Tax-exempt status: 501(c)(3). J Website: WWW.ABIL.ORG. K Type of organization: Corporation. L Year of formation: 1984. M State of legal domicile: AZ.

Part I Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, expenses, and net assets.

Part II Signature Block. Includes signature of Lynn C. Houston, President of Board, and preparer Clifton Gunderson LLP.

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED MAR 29 2010 POSTMARK DATE FEB 24 2010

COPY

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ARIZONA BRIDGE TO INDEPENDENT LIVING, INC.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

ABIL OFFERS AND PROMOTES PROGRAMS DESIGNED TO EMPOWER PEOPLE WITH DISABILITIES TO TAKE PERSONAL REONSIBILITY SO THEY MAY ACHIEVE OR CONTINUE INDEPENDENT LIFESTYLES WITHIN THE COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes", describe these changes on Schedule O.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 27428332. including grants of \$) (Revenue \$ 34756429.)

PERSONAL ASSISTANCE SERVICE (PAS)

THE PERSONAL ASSISTANCE SERVICE (PAS) RECRUITS, SCREENS, TRAINS AND EMPLOYS PERSONAL ASSISTANTS WHO PROVIDE SERVICES TO THE ELDERLY AND PHYSICALLY DISABLED THAT HAVE QUALIFIED THROUGHOUT THE ARIZONA LONG TERM CARE SYSTEM (ALTCS) AND HAVE SELECTED EVERCARE, MERCY CARE, SCAN, BRIDGEWAY HEALTH PLANS. ARIZONA BRIDGE TO INDEPENDENT LIVING, INC. (ABIL) ALSO PROVIDES PAS TO NATIVE AMERICANS LIVING OFF THE RESERVATION WHO ARE QUALIFIED AND RECEIVING SERVICES THROUGH AHCCCS/ALTCS AND NATIVE AMERICAN COMMUNITY HEALTH CENTERS. IN ADDITION, ABIL PROVIDES PAS TO PERSONS WHO ARE DEVELOPMENTALLY DISABLED WHO HAVE QUALIFIED FOR LONG-TERM CARE SERVICES UNDER THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY'S DIVISION OF DEVELOPMENTAL DISABILITIES (DDD). PAS EMPLOYS

4b (Code:) (Expenses \$ 339,840. including grants of \$) (Revenue \$ 305,214.)

SOCIAL SECURITY ADMINISTRATION'S WORK INCENTIVE PLANNING AND ASSISTANCE (WIPA)

ABIL IS THE PROGRAM CONTRACTOR FOR THE AZ FREEDOM WORK STATEWIDE WORK INCENTIVES PLANNING AND ASSISTANCE PROGRAM FUNDED (50%) THROUGH ANNUAL GRANT FROM THE SOCIAL SECURITY ADMINISTRATION, THE U.S. DEPARTMENT OF EDUCATION/REHABILITATION SERVICES ADMINISTRATION AND OTHER CONTRACTS AND GRANTS. OUR COMMUNITY WORK INCENTIVE COORDINATORS ARE TRAINED AND CERTIFIED TO UNDERSTAND SOCIAL SECURITY RULES RELATED TO EMPLOYMENT AND HOW EMPLOYMENT EARNINGS AFFECT CASH, MEDICAL AND OTHER BENEFITS. WE ALSO PROVIDE WORK INCENTIVE INFORMATION AND COMMUNITY RESOURCE REFERRALS TO FAMILY MEMBERS AND SERVICE PROVIDERS THAT WILL SUPPORT THEIR EFFORTS TO HELP BENEFICIARIES ACHIEVE THEIR EMPLOYMENT GOALS.

4c (Code:) (Expenses \$ 481,868. including grants of \$) (Revenue \$ 313,505.)

TITLE VII PART C

ABIL IS THE PROGRAM CONTRACTOR FOR THE TITLE VII PART C-CENTERS FOR INDEPENDENT LIVING FUNDED (50%) THROUGH ANNUAL GRANT FROM THE U.S. DEPARTMENT OF EDUCATION. TITLE VII PART C PROGRAM CONSISTS OF FOUR CORE SERVICES O ADVOCACY, INFORMATION AND REFERRAL (I&R), INDEPENDENT LIVING, PEER MENTORS. ABIL SERVED 2,649 CONSUMERS UNDER TITLE VII FUNDS. OUR INFORMATION & REFERRAL SPECIALIST ALONE FIELDDED 3,000 I&R CALLS. ABIL SPONSORED 154 SOCIALIZATION/RECREATION ACTIVITIES, REPRESENTING 273 NEW CONSUMERS, 751 TOTAL PARTICIPANTS, AND 790 VOLUNTEER HOURS CONTRIBUTED. THE REINTEGRATION PROGRAM ASSISTED 42 CONSUMERS IN LEAVING NURSING HOMES TO EXPERIENCE LESS RESTRICTIVE, MORE INDEPENDENT LIVING ARRANGEMENTS. ABIL'S EARLY INTERVENTION COORDINATOR,

4d Other program services. (Describe in Schedule O)

(Expenses \$ 1,982,330. including grants of \$) (Revenue \$ 266,562.)

4e Total program service expenses \$ 30,232,370. (Must equal Part IX, Line 25, column (B))

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	46		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	2423		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
12b			

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAM E. ALLAN DIRECTOR	0.30	X					0.	0.	0.	
NOLA BAKER-JONES DIRECTOR	0.80	X					0.	0.	0.	
MARJANN FLETCHER DIRECTOR	1.00	X					0.	0.	0.	
KALE GRUETZMACHER DIRECTOR	0.30	X					0.	0.	0.	
WILLIAM A. HARPER DIRECTOR	0.50	X					0.	0.	0.	
MAX MCQUEEN DIRECTOR	0.50	X					0.	0.	0.	
LYNN LARSON DIRECTOR	0.50	X					0.	0.	0.	
ROBERT PAYNE DIRECTOR	0.50	X					0.	0.	0.	
NICHOLAS L. PERRY DIRECTOR	1.00	X					0.	0.	0.	
SUSAN SCOTT DIRECTOR	1.00	X					0.	0.	0.	
LYNN C. HOUSTON PRESIDENT	1.00			X			0.	0.	0.	
F LEE JACQUETTE VICE PRESIDENT	1.00			X			0.	0.	0.	
STEVEN TAIT TREASURER	1.00			X			0.	0.	0.	
RANDALL M. HOWE SECRETARY	1.00			X			0.	0.	0.	
PHIL PANGRAZIO EXECUTIVE DIRECTOR	40.00				X		101,933.	0.	22,770.	

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Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 131,001.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 365,241.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 795,383.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1291625.			
Program Service Revenue	2 a <u>PAS PROGRAM INCOME</u>	Business Code 623990	34,756,429.	34,756,429.		
	b <u>OTHER PROGRAMS</u>	900099	1636376.	1636376.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		36,392,805.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		256,553.		256,553.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	177772.			
		(ii) Personal				
		b Less rental expenses	1,054,683.			
		c Rental income or (loss)	-876,911.			
	d Net rental income or (loss)		-876,911.		-15,599.	-861312.
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a <u>OTHER REVENUE</u>	900099	145,539.	145,539.			
b <u>FUN EVENTS</u>	900099	104,939.	104,939.			
c						
d All other revenue						
e Total. Add lines 11a-11d		250,478.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		37,314,550.	36,643,283.	-15,599.	-604759.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,789.	44,000.	60,210.	11,579.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	25,874,901.	25,350,475.	524,426.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	56,984.	46,915.	10,069.	
9 Other employee benefits	671,965.	606,089.	65,876.	
10 Payroll taxes	2,219,852.	2,175,318.	44,534.	
11 Fees for services (non-employees)				
a Management				
b Legal	29,511.	383.	29,128.	
c Accounting	34,841.	29,833.	5,008.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	44,857.			44,857.
f Investment management fees				
g Other	263,902.	248,050.	15,852.	
12 Advertising and promotion	3,555.	523.	3,032.	
13 Office expenses	410,277.	259,283.	150,994.	
14 Information technology	201,373.	23,194.	178,179.	
15 Royalties				
16 Occupancy	651,684.	323,093.	328,591.	
17 Travel	130,150.	87,513.	42,637.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	98,762.	14,726.	24,596.	59,440.
20 Interest	210,393.		210,393.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	331,254.	239,192.	92,062.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a HOME MODIFICATION COSTS	610,514.	610,514.		
b OPERATING EXPENSES	506,142.	160,387.	345,755.	
c BAD DEBT EXPENSE	172,116.		172,116.	
d OTHER EXPENSES	9,574.	3,675.	5,899.	
e VAN EXPENSE	9,232.	9,207.	25.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	32,657,628.	30,232,370.	2,309,382.	115,876.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

Form 990 (2008)

86-0486447 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	421,593.	1	3,278,562.	
	2 Savings and temporary cash investments	9,384,788.	2	10,853,964.	
	3 Pledges and grants receivable, net	140,000.	3	120,000.	
	4 Accounts receivable, net	8,587,128.	4	4,242,980.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	43,464.	9	68,773.	
	10a Land, buildings, and equipment: cost basis	10a 29,604,058.			
	b Less: accumulated depreciation Complete Part VI of Schedule D	10b 1,950,518.	25,281,621.	10c	27,653,540.
	11 Investments - publicly traded securities	1,592,861.	11	1,753,624.	
	12 Investments - other securities See Part IV, line 11		12		
	13 Investments - program-related See Part IV, line 11		13		
	14 Intangible assets		14	142,401.	
	15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		45,451,455.	16	48,113,844.	
Liabilities	17 Accounts payable and accrued expenses	3,110,353.	17	1,445,491.	
	18 Grants payable		18		
	19 Deferred revenue	167,988.	19	208,424.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	16,500,000.	23	16,500,000.	
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D	597,593.	25	1,579,549.	
	26 Total liabilities. Add lines 17 through 25	20,375,934.	26	19,733,464.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	24,148,364.	27	26,825,517.	
	28 Temporarily restricted net assets	927,157.	28	1,554,863.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	25,075,521.	33	28,380,380.	
	34 Total liabilities and net assets/fund balances	45,451,455.	34	48,113,844.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2008
Open to Public Inspection

Name of the organization **ARIZONA BRIDGE TO INDEPENDENT LIVING, INC.** Employer identification number **86-0486447**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

ARIZONA BRIDGE TO INDEPENDENT

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	541,157.	770,387.	471,897.	1,085,555.	1,291,625.	4,160,621.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	541,157.	770,387.	471,897.	1,085,555.	1,291,625.	4,160,621.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,250,892.
6 Public Support. Subtract line 5 from line 4						2,909,729.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	541,157.	770,387.	471,897.	1,085,555.	1,291,625.	4,160,621.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,427.	395,825.	463,212.	358,582.	434,325.	1,707,371.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	17,306.	10,241.	27,275.	304,386.	250,478.	609,686.
11 Total support. Add lines 7 through 10						6,477,678.
12 Gross receipts from related activities, etc (see instructions)				12	157,180,129.	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	44.92 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	73.87 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER REVENUE

FUN EVENTS

Lined area for providing supplemental information.

*

Schedule A

Identification of Excess Contributions
Included on Part II, Line 5

2008

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	1,010,000.	880,446.
	500,000.	370,446.
		1,250,892.

Total Excess Contributions to Schedule A, Part II, Line 5

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

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

Employer identification number
86-0486447

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		332,571.		332,571.
b Buildings		24,084,684.	523,338.	23,561,346.
c Leasehold improvements		2,939,451.	515,357.	2,424,094.
d Equipment		1,199,033.	891,754.	307,279.
e Other		1,048,319.	20,069.	1,028,250.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				27,653,540.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,314,550.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,657,628.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,656,922.
4	Net unrealized gains (losses) on investments	4	-370,107.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-981,956.
9	Total adjustments (net) Add lines 4-8	9	-1,352,063.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,304,859.

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

1	Total revenue, gains, and other support per audited financial statements	1	37,912,441.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-456,792.
e	Add lines 2a through 2d	2e	-456,792.
3	Subtract line 2e from line 1	3	38,369,233.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-1,054,683.
c	Add lines 4a and 4b	4c	-1,054,683.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	37,314,550.

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

1	Total expenses and losses per audited financial statements	1	34,607,582.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	2,036,639.
e	Add lines 2a through 2d	2e	2,036,639.
3	Subtract line 2e from line 1	3	32,570,943.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	86,685.
c	Add lines 4a and 4b	4c	86,685.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	32,657,628.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INTEREST RATE SWAP: -981956.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED LOSS: -370107.

DIRECT DONOR BENEFITS: -86685.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES: -1054683.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INTEREST RATE SWAP: 981956.

RENTAL EXPENSES: 1054683.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT DONOR BENEFITS: 86685.

ARIZONA BRIDGE TO INDEPENDENT

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Charitable contributions			
	3	Gross revenue (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses			
	8	Direct expense summary Add lines 4 through 7 in column (d)			
	9	Net income summary. Combine lines 3 and 8 in column (d)			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain. _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain. _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

ARIZONA BRIDGE TO INDEPENDENT

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a	%
13b	%

b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

ARIZONA BRIDGE TO INDEPENDENT
LIVING, INC.

Employer identification number
86-0486447

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PERSONAL REponsibility SO THEY MAY ACHIEVE OR CONTINUE INDEPENDENT
LIFESTYLES WITHIN THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

OVER 1,400 PERSONAL ASSISTANTS THROUGHOUT MARICOPA COUNTY. PERSONAL
ASSISTANCE SERVICES WERE PROVIDED TO 1,995 CONSUMERS THROUGH THE PAS
PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

THROUGH WIPA, ABIL SERVED 1,414 UNDUPLICATED BENEFICIARIES, PROVIDING
2,767 WIPA SERVICES. WE PROVIDED BENEFIT SUMMARY AND ANALYSIS FOR 377
BENEFICIARIES, 876 BENEFITS MANAGEMENT SESSIONS FOR BENEFICIARIES WHO
WERE EMPLOYED, AND PROVIDED 107 WIPA OUTREACH TRAININGS TO 771 SSI/SSDI
BENEFICIARIES AND SERVICE PROVIDERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

A PERSON WITH A SIGNIFICANT DISABILITY WHO MENTORS NEWLY-DISABLED
INDIVIDUALS IN REHABILITATION CENTERS, MET WITH 634 CONSUMERS. PEER
MENTORS AND GENERAL VOLUNTEERS DONATED 4,174 HOURS OF SERVICE TO ABIL.
ABIL MAINTAINED A POOL OF 45 TRAINED PEER MENTORS WHO PROVIDED 1,271
HOURS OF ONE-ON-ONE AND GROUP MENTORING AND ADVOCACY TO PERSONS WITH A
VARIETY OF DISABILITIES. AS A MEMBER OF AZDAC (ARIZONA DISABILITY
ADVOCACY COALITION) ABIL HELPED PLAN AND SPONSOR THE ANNUAL ADA
CELEBRATION AT THE STATE CAPITOL AND ALSO SPONSORED ARIZONA LEGISLATIVE
INFORMATION SERVICE (ALIS) TRAINING FOR 55 PARTICIPANTS. THE EMPOWERING

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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YOUTH TRANSITION PROGRAM PROVIDED 124 INTERACTIVE PRESENTATIONS AND WORKSHOPS TO 937 YOUTH, INCLUDING STUDENTS IN AREA HIGH SCHOOLS AND A LOCAL YOUTH DETENTION FACILITY. ABIL, THROUGH THE USE OF VOLUNTEERS, FACILITATED DISABILITY AWARENESS PRESENTATIONS IN 10 SCHOOLS TO 190 STUDENTS AND FACULTY. ABIL PROVIDES TRAINING ON SELF-DETERMINATION AND SELF-ADVOCACY TO ADULTS WHO RECEIVE SERVICES THROUGH DDD. A TOTAL OF 77 PEOPLE PARTICIPATED IN SELF-DETERMINATION TRAINING AND 50 PARTICIPATED IN SELF-ADVOCACY TRAINING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOME MODIFICATION PROGRAMS

THROUGH LOCAL BLOCK GRANTS AND OTHER RESOURCES, ABIL INCREASES HOME ACCESSIBILITY, INDEPENDENCE AND SAFETY FOR PHOENIX (CHAMP), GLENDALE (GHAP), PEORIA (PHAP) AND MESA (MHAP) RESIDENTS LIVING WITH DISABILITIES. THIS IS A MATCH PROGRAM SO CONSUMERS ARE EXPECTED TO CONTRIBUTE 10% TOWARD THE COST, EITHER IN CASH, IN KIND OR VOLUNTEER CONTRIBUTIONS. LICENSED CONTRACTORS PROVIDE MODIFICATIONS SUCH AS WIDENING DOORWAYS, BUILDING RAMPS, GRAB BARS, RAISED TOILETS AND OTHER NEEDED STRUCTURAL MODIFICATIONS.

ABIL RECEIVED THE COMMUNITY HERO AWARD FROM THE CITY OF PHOENIX AT A CITY COUNCIL MEETING IN APRIL 2009. THIS AWARD RECOGNIZED ABIL FOR ITS CDBG HOME MODIFICATION PROGRAM, OR CHAMP (CONSUMER HOUSING ACCESSIBILITY MODIFICATION PROGRAM). ABIL, IN CONJUNCTION WITH THE AZ FAIR HOUSING PARTNERSHIP, HOSTED THE EVENT, "PUTTING THE FAIR BACK INTO HOUSING", ON APRIL 15TH. THE EVENT DREW OVER 100 ATTENDEES, INCLUDING LANDLORDS, PROPERTY MANAGERS & HOA REPRESENTATIVES. 83 HOMES WERE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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LIVING, INC.

Employer identification number
86-0486447

PROVIDED THROUGH CDBG HOME MODIFICATION PROGRAMS.

EXPENSES \$ 1982330. INCLUDING GRANTS OF \$ 0. REVENUE \$ 266562.

FORM 990, PART VI, SECTION A, LINE 10: COPY OF FORM 990 WILL BE REVIEWED
BY THE FINANCE COMMITTEE BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST ARE
INCONSISTENT WITH THE CORE VALUES OF ABIL. POTENTIAL CONFLICTS OF INTEREST
INCLUDE, BUT ARE NOT LIMITED TO:

THE EMPLOYEE PERFORMING SERVICES FOR MONEY OR OTHER PERSONAL GAIN FOR ANY
SUPPLIER OR VENDOR TO ABIL; THE EMPLOYEE'S FAMILY MEMBER PERFORMING
SERVICES FOR MONEY OR OTHER PERSONAL GAIN FOR ANY SUPPLIER OR VENDOR TO
ABIL; THE EMPLOYEE HAVING OWNERSHIP INTERESTS (SUCH AS STOCK) IN A SUPPLIER
OR VENDOR TO ABIL; OR THE EMPLOYEE OWING MONEY (SUCH AS A LOAN) TO A
SUPPLIER OR VENDOR TO ABIL.

ALL EMPLOYEES ARE TO BE AWARE OF POTENTIAL CONFLICTS OF INTEREST. ALL
EMPLOYEES ARE EXPECTED TO DISCLOSE ANY CONFLICTS OF INTEREST TO THEIR
SUPERVISOR. WHENEVER AN EMPLOYEE HAS A QUESTION ABOUT A CONFLICT OF
INTEREST, IT IS EXPECTED THAT THE EMPLOYEE WILL RAISE THIS ISSUE
IMMEDIATELY WITH HIS/HER SUPERVISOR. ALL EMPLOYEES ARE EXPECTED TO
GRACIOUSLY DECLINE GIFTS AND TICKETS TO EVENTS THAT ARE NOT OF A NOMINAL
VALUE. EMPLOYEES WHO DELIBERATELY ENGAGE IN CONFLICTS OF INTEREST MAY BE
DISCIPLINED UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

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Name of the organization

ARIZONA BRIDGE TO INDEPENDENT
LIVING, INC.

Employer identification number
86-0486447

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION HAS BEEN COMPARED TO AMOUNTS PAID BY OTHER ORGANIZATONS AS REPORTED ON THEIR 990'S. COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C
OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS
THE FINANCE COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS. THE FINANCE COMMITTEE CONSISTS OF THE EXECUTIVE DIRECTOR AND 5 BOARD MEMBERS, WHO REVIEW QUARTERLY FINANCIAL STATEMENTS, ANNUAL BUDGET, AND ANNUAL AUDIT BEFORE INFORMATION IS SUBMITTED TO THE BOARD. FINANCE COMMITTEE ALSO SELECTS AN INDEPENDENT ACCOUNTANT FOR THE ANNUAL FINANCIAL AUDIT. THE PROCESS OF OVERSIGHT OF FINANCIAL STATEMENTS, AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ARIZONA BRIDGE TO INDEPENDENT LIVING, INC.

Employer identification number
86-0486447

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ABIL DEVELOPMENT LLC - 20-8379903 5025 E. WASHINGTON ST., STE 200 PHOENIX, AZ 85034	LEASING SPACE TO NON-PROFIT ORGANIZATIONS	ARIZONA	189,317.	27,291,714.	

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

ARIZONA BRIDGE TO INDEPENDENT
LIVING, INC.

Part V. Transactions With Related Organizations

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

