

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)

OMB No 1545-0047

2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

- B Check if applicable
Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization
ARIZONA BRIDGE TO INDEPENDENT LIVING INC
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
5025 E WASHINGTON ST NO 200
Room/suite
City or town, state or country, and ZIP + 4
PHOENIX, AZ 85034

D Employer identification number
86-0486447
E Telephone number
(602) 256-2245
G Gross receipts \$ 34,594,329

F Name and address of principal officer
RANDALL M HOWE
5025 E WASHINGTON ST NO 200
PHOENIX, AZ 85034

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c) () (Insert no)
4947(a)(1) or
527

J Website: WWW ABIL ORG

K Form of organization
Corporation
Trust
Association
Other
L Year of formation 1984
M State of legal domicile AZ

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, member counts, revenue breakdown, and fund balances.

Part II Signature Block

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

Sign Here
Signature of officer: RANDALL M HOWE
Date: 2012-03-01

Paid Preparer Use Only
Preparer's name: KEVIN E FINCHER CPA
Firm's name: CLIFTONLARSONALLEN LLP
Firm's address: 20 E THOMAS RD STE 2300 PHOENIX, AZ 85012

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
ABIL OFFERS AND PROMOTES PROGRAMS DESIGNED TO EMPOWER PEOPLE WITH DISABILITIES TO TAKE PERSONAL RESPONSIBILITY SO THEY MAY ACHIEVE OR CONTINUE INDEPENDENT LIFESTYLES WITHIN THE COMMUNITY

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

4a (Code) (Expenses \$ 25,419,364 including grants of \$) (Revenue \$ 29,628,928)
PERSONAL ASSISTANCE SERVICE (PAS)THE PERSONAL ASSISTANCE SERVICE (PAS) RECRUITS, SCREENS, TRAINS AND EMPLOYS PERSONAL ASSISTANTS WHO PROVIDE SERVICES TO THE ELDERLY AND PHYSICALLY DISABLED THAT HAVE QUALIFIED THROUGHOUT THE ARIZONA LONG TERM CARE SYSTEM (ALTCS) AND HAVE SELECTED EVERCARE, MERCY CARE, SCAN, OR BRIDGEWAY HEALTH PLANS ARIZONA BRIDGE TO INDEPENDENT LIVING, INC (ABIL) ALSO PROVIDES PAS TO NATIVE AMERICANS LIVING OFF THE RESERVATION WHO ARE QUALIFIED AND RECEIVING SERVICES THROUGH AHCCCS/ALTCS AND NATIVE AMERICAN COMMUNITY HEALTH CENTERS IN ADDITION, ABIL PROVIDES PAS TO PERSONS WHO ARE DEVELOPMENTALLY DISABLED WHO HAVE QUALIFIED FOR LONG-TERM CARE SERVICES UNDER THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY'S DIVISION OF DEVELOPMENTAL DISABILITIES (DDD) PAS EMPLOYS OVER 1,683 PERSONAL ASSISTANTS THROUGHOUT MARICOPA COUNTY PERSONAL ASSISTANCE SERVICES WERE PROVIDED TO 1,850 CONSUMERS THROUGH THE PAS PROGRAM HOME MODIFICATION - ABIL INCREASES HOME ACCESSIBILITY, INDEPENDENCE AND SAFETY FOR ALTCS MEMBERS LIVING WITH DISABILITIES LICENSED CONTRACTORS PROVIDE MODIFICATIONS SUCH AS WIDENING DOORWAYS, BUILDING RAMPS, GRAB BARS, RAISED TOILETS AND OTHER NEEDED STRUCTURAL MODIFICATIONS 267 CONSUMERS WERE PROVIDED SERVICES THROUGH ALTCS HOME MODIFICATIONS SERVICES

4b (Code) (Expenses \$ 1,690,011 including grants of \$) (Revenue \$ 1,527,804)
SOCIAL SECURITY ADMINISTRATION'S WORK INCENTIVE PLANNING AND ASSISTANCE (WIPA) & BENEFIT OFFSET NATIONAL DEMONSTRATION(BOND)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 THROUGH WIPA, ABIL SERVED 2,617 BENEFICIARIES, PROVIDING 2,658 WIPA SERVICES WHICH INCLUDED BENEFIT SUMMARY AND ANALYSIS, BENEFITS MANAGEMENT SESSIONS FOR BENEFICIARIES WHO WERE EMPLOYED, AND WIPA OUTREACH TRAININGS TO SSI/SSDI BENEFICIARIES AND SERVICE PROVIDERS BOND IS A LANDMARK DEMONSTRATION THAT OFFERS SSDI BENEFICIARIES AN OPPORTUNITY TO INCREASE THEIR INCOME THROUGH EMPLOYMENT BOND TESTS WHETHER REMOVING THE CURRENT SSDI "CASH CLIFF" WHERE BENEFICIARIES LOSE THEIR ENTIRE CASH BENEFIT IF THEY EARN ABOVE THE SUBSTANTIAL GAINFUL ACTIVITY (SGA) LEVEL FOR A SUSTAINED PERIOD OF TIME INCREASES EMPLOYMENT SUCCESSFUL APPLICANTS WILL RECEIVE FUNDING TO PROVIDE WORK INCENTIVES COUNSELING (WIC) AND ENHANCED WORK INCENTIVES COUNSELING (EWIC) SERVICES THAT WILL ASSIST BENEFICIARIES IN BOND TO ACHIEVE THIS OBJECTIVE HOME MODIFICATION PROGRAMABIL'S HOME MODIFICATION PROGRAM COMPLETED 113 ACCESSIBILITY PROJECTS THROUGH COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) CONTRACTS WITH FOUR VALLEY CITIES, INCLUDING PHOENIX, GLENDALE, MESA AND PEORIA AN ADDITIONAL 154 HOME MODIFICATIONS WERE COMPLETED FOR CONSUMERS ELIGIBLE FOR THE ALTCS PROGRAM THROUGH HEALTH PLAN MEMBERSHIP WITH MERCY CARE, EVERCARE, BRIDGEWAY OR SCAN, FOR A TOTAL OF 269 HOME MODIFICATIONS ADDITIONALLY, ABIL COMPLETED ITS 500TH HOME MODIFICATION WITH MERCY CARE THROUGH ITS ONGOING ALTCS CONTRACT ABIL REGULARLY PROVIDES PRESENTATIONS IN THE COMMUNITY ON THE FAIR HOUSING ACT TO CONSUMERS, PROPERTY MANAGERS, CITY OFFICIALS, ETC ENABLING CONSUMERS TO UNDERSTAND THEIR RIGHTS MAKES A HUGE DIFFERENCE IN AVOIDING ISOLATION AND INSTITUTIONALIZATION ABIL, AS A MEMBER OF THE FAIR HOUSING PARTNERSHIP, PRESENTED ITS ANNUAL FAIR HOUSING FORUM AT THE DEC FOR 150 PROPERTY MANAGERS AND LANDLORDS

4c (Code) (Expenses \$ 468,971 including grants of \$) (Revenue \$ 416,711)
TITLE VII PART C AND AMERICAN RECOVERY & REINVESTMENT ACT (ARRA)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 - ADVOCACY, INFORMATION AND REFERRAL (I&R), INDEPENDENT LIVING,AND PEER MENTORS ABIL SERVED 2,649 CONSUMERS UNDER TITLE VII FUNDS OUR INFORMATION & REFERRAL SPECIALIST ALONE FIELDDED 4,234 CALLS ABIL SPONSORED 139 SOCIALIZATION/RECREATION ACTIVITIES, REPRESENTING 264 NEW CONSUMERS, 901 TOTAL PARTICIPANTS, AND 769 VOLUNTEER HOURS CONTRIBUTED THE REINTEGRATION PROGRAM ASSISTED 28 CONSUMERS IN LEAVING NURSING HOMES TO EXPERIENCE LESS RESTRICTIVE, MORE INDEPENDENT LIVING ARRANGEMENTS ABIL'S EARLY INTERVENTION COORDINATOR, A PERSON WITH A SIGNIFICANT DISABILITY WHO MENTORS NEWLY-DISABLED INDIVIDUALS IN REHABILITATION CENTERS, MET WITH 610 CONSUMERS PEER MENTORS AND GENERAL VOLUNTEERS DONATED 5,847 HOURS OF SERVICE TO ABIL ABIL MAINTAINED A POOL OF 45 TRAINED PEER MENTORS WHO PROVIDED 1,725 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 YOUTH TRANSITION PROGRAM PROVIDED 107 INTERACTIVE PRESENTATIONS AND WORKSHOPS TO 856 YOUTH, INCLUDING STUDENTS IN AREA HIGH SCHOOLS AND A LOCAL YOUTH DETENTION FACILITY ABIL PROVIDES TRAINING ON SELF-DETERMINATION AND SELF-ADVOCACY TO ADULTS WHO RECEIVE SERVICES THROUGH DDD A TOTAL OF 159 PEOPLE PARTICIPATED IN SELF-DETERMINATION TRAINING AND 50 PARTICIPATED IN SELF-ADVOCACY TRAINING RECENT STATE BUDGET CUTS HAVE LIMITED ABIL'S ABILITY TO MATCH THE OTHER 50% OF PART C FUND THE MATCH WAS FUNDED BY ARRA WHICH WILL PREVENT THE REDUCTION OF CORE SERVICE PROGRAMS AND POSITIONS THAT CURRENTLY SERVE PEOPLE WITH DISABILITIES IN MARICOPA COUNTY AND ALSO MAKE POSSIBLE ABIL'S GOAL OF PROVIDING INDEPENDENT LIVING SERVICES AND OUTREACH TO PINAL COUNTY






4d Other program services (Describe in Schedule O) See also Additional Data for Description
(Expenses \$ 1,219,099 including grants of \$) (Revenue \$ 609,364)

4e Total program service expenses \$ 28,797,445

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)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
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? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	80		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	2,269		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	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).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (5), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (No), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you 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. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ABIL'S FINANCE DEPT, 5025 E WASHINGTON ST STE 200, PHOENIX, AZ 85034, (602) 296-0520

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) LYNN C HOUSTON DIRECTOR	1 00	X					0	0	0	
(2) F LEE JACQUETTE SECRETARY	1 00	X		X			0	0	0	
(3) STEVEN TAIT TREASURER	1 00	X		X			0	0	0	
(4) RANDALL M HOWE PRESIDENT	1 50	X		X			0	0	0	
(5) NOLA BAKER-JONES DIRECTOR	80	X					0	0	0	
(6) SURYA-PATRICIA LANE HOOD DIRECTOR	80	X					0	0	0	
(7) MAX MCQUEEN DIRECTOR	50	X					0	0	0	
(8) LYNN LARSON VICE PRESIDENT	1 00	X		X			0	0	0	
(9) NICHOLAS L PERRY DIRECTOR	1 00	X					0	0	0	
(10) SUSAN SCOTT DIRECTOR	1 00	X					0	0	0	
(11) MARY SLAUGHTER DIRECTOR	1 50	X					0	0	0	
(12) MICHAEL S SOMSAN DIRECTOR	1 00	X					0	0	0	
(13) PHIL PANGRAZIO EXECUTIVE DIRECTOR	40 00			X	X		105,987	0	12,074	

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	1a Federated campaigns 1a	103,957				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	376,188				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,590,942				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼		2,071,087			
	Program Service Revenue			Business Code		
2a PAS PROGRAM INCOME		623990	29,630,345	29,630,345		
b OTHER PROGRAMS		900099	2,026,681	2,026,681		
c PROGRAM RENTAL INCOME		900099	364,930	364,930		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼			32,021,956			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		318,912		318,912	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real	21,523			
		(ii) Personal				
		b Less rental expenses	31,388			
		c Rental income or (loss)	-9,865			
	d Net rental income or (loss) ▼		-9,865		-9,865	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss) ▼					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
c Net income or (loss) from fundraising events ▼						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼					
Miscellaneous Revenue		Business Code				
11a SPECIAL PROJECTS	900099	148,343	148,343			
b OTHER REVENUE	900099	12,508	12,508			
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▼		160,851				
12 Total revenue. See Instructions ▼		34,562,941	32,182,807	0	309,047	

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	119,383	45,366	62,079	11,938
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	24,052,241	23,439,668	612,573	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	63,604	52,983	10,621	
9	Other employee benefits	804,260	723,529	80,731	
10	Payroll taxes	2,195,531	2,140,399	55,132	
a	Fees for services (non-employees)				
	Management				
b	Legal	1,895	110	1,785	
c	Accounting	29,900	19,544	10,356	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	157,686	157,060	626	
12	Advertising and promotion				
13	Office expenses	144,938	121,795	23,143	
14	Information technology	162,484	9,197	153,287	
15	Royalties				
16	Occupancy	766,855	367,681	399,174	
17	Travel	111,282	82,552	28,730	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,935	7,619	23,316	
20	Interest	802,682		802,682	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	904,890	298,614	606,276	
23	Insurance	98,252	63,342	34,910	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	HOME MODIFICATION COSTS	934,938	934,938		
b	OTHER OPERATING COSTS	245,639	74,041	171,598	
c	OTHER EXPENSES	124,817	100,916	23,901	
d	BAD DEBT EXPENSE	68,833		68,833	
e	VAN EXPENSE	18,079	15,568	2,511	
f	All other expenses	142,523	142,523		
25	Total functional expenses. Add lines 1 through 24f	31,981,647	28,797,445	3,172,264	11,938
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,387,574	1	2,770,768
	2 Savings and temporary cash investments	10,137,943	2	10,708,136
	3 Pledges and grants receivable, net	565,666	3	1,054,172
	4 Accounts receivable, net	4,054,870	4	4,126,853
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,137,510	9	1,824,514
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	39,592,022		
	b Less accumulated depreciation	3,731,225	10c	35,860,797
	11 Investments—publicly traded securities	2,219,799	11	2,884,624
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	119,613	14	96,829
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	55,339,393	16	59,326,693	
Liabilities	17 Accounts payable and accrued expenses	1,306,182	17	2,375,175
	18 Grants payable		18	
	19 Deferred revenue	184,751	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,213,901	25	1,945,677
	26 Total liabilities. Add lines 17 through 25	20,204,834	26	20,820,852
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	28,967,455	27	35,136,767
	28 Temporarily restricted net assets	6,167,104	28	3,369,074
	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	35,134,559	33	38,505,841	
34 Total liabilities and net assets/fund balances	55,339,393	34	59,326,693	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,562,941
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,981,647
3	Revenue less expenses Subtract line 2 from line 1	3	2,581,294
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,134,559
5	Other changes in net assets or fund balances (explain in Schedule O)	5	789,988
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,505,841

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ARIZONA BRIDGE TO INDEPENDENT LIVING INC

Employer identification number
86-0486447

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - 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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	471,897	1,085,555	1,291,625	1,199,694	2,071,087	6,119,858
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	471,897	1,085,555	1,291,625	1,199,694	2,071,087	6,119,858
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,511,584
6 Public Support. Subtract line 5 from line 4						3,608,274

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	471,897	1,085,555	1,291,625	1,199,694	2,071,087	6,119,858
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	463,212	358,582	434,325	518,764	469,898	2,244,781
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)	27,275	304,386	250,478	247,565	160,851	990,555
11 Total support (Add lines 7 through 10)						9,355,194
12 Gross receipts from related activities, etc (See instructions)					12	161,833,036

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	38.570 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	41.880 %

16a 33 1/3% support test—2010. 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—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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Additional Data

Software ID:

Software Version:

EIN: 86-0486447

Name: ARIZONA BRIDGE TO INDEPENDENT LIVING INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 1,219,099 including grants of \$) (Revenue \$ 609,364)

OTHER PROGRAM SERVICES -ABIL EMPLOYMENT SERVICES (AES) IS CONTRACTED BY SSA TO PROVIDE COMPREHENSIVE EMPLOYMENT SERVICES TO SSI/SSDI BENEFICIARIES UNDER THE TICKET TO WORK PROGRAM SINCE 2002 ALL EMPLOYMENT SERVICES ARE GEARED TOWARD COMMUNITY-BASED, INTEGRATED EMPLOYMENT AES SCREENED, COUNSELED OR INTERVIEWED 605 CONSUMERS IN THIS FISCAL YEAR -THIS IS MY LIFE PROGRAM - FUNDED THROUGH THE AZ DEPARTMENT OF DEVELOPMENTAL DISABILITIES (DDD) THIS PROGRAM PROVIDES SELF-ADVOCACY(SA) AND SELF DETERMINATION (SD) SKILLS COACHING THROUGH 1 ON 1 AND GROUP LEARNING MODULES TO INDIVIDUALS WHO RECEIVE SERVICES THROUGH THE STATE DDD, TO PREPARE AND EMPOWER THEM TO SELF-DIRECT THEIR STATE-PROVIDED SERVICES IN FISCAL YEAR 2011, THIS PROGRAM PROVIDED 98 SESSIONS OF 1 ON 1 COACHING, AND 36 CLASSES OF SA & SD WITH 454 PARTICIPANTS - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) IS SUBCONTRACTED WITH MAXIMU, A CONTRACTOR WITH SSA AND SSDI, TO DEVELOP PLANS TO ASSIST REFERRED CLIENTS WITH ONGOING, WRITTEN EVALUATIONS AND RECOMMENDATIONS ON THE CLIENT'S ABILITY TO PARTICIPATE IN APPROVED WORK ACTIVITIES AND/OR OBTAIN AND MAINTAIN EMPLOYMENT -CITY OF PHOENIX DIAL-A-RIDE QUALITY ASSURANCE PROGRAM IS CONTRACTED WITH CITY OF PHOENIX TO EVALUATE THE DIAL-A-RIDE SERVICE AND PROVIDE THE CITY WITH OBJECTIVE, ACCURATE, AND MEASURABLE DATA TO VALIDATE CURRENT SERVICE TRENDS AND PROVIDE RECOMMENDATIONS FOR IMPROVING SERVICE -AGING AND DISABILITY RESOURCE CENTER PROGRAM (ADRC) IS CONTRACTED WITH AREA AGENCY ON AGING - REGION ONE AND PINAL-GILA COUNCIL FOR SENIOR CITIZENS TO WORK TOGETHER TO PROVIDE OUTREACH AND EDUCATION TO HOSPITAL DISCHARGE PLANNERS WITH THE INTENT TO DEVELOP STRONG RELATIONSHIPS THAT WILL ASSIST THEM IN SEEKING PUBLIC AND PRIVATE SERVICE OPTIONS OF CARE FOR INDIVIDUALS BEING DISCHARGED INTO THE COMMUNITY -VALLEY OF THE SUN UNITED WAY (VSUW) AND ABIL ARE PARTNERED TO PROVIDE SERVICES IN -COMMUNITY LIVING OPTIONS(CLO) OFFERS SERVICES FOR HIGH-FUNCTIONING INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY WHO ARE INELIGIBLE FOR FEDERAL & STATE SUPPORT SERVICES CLO BRINGS TOGETHER CONSUMERS AND COMMUNITY VOLUNTEERS TO PROVIDE RESOURCES AND SUPPORT FOR INDIVIDUALS NEEDING MORE ASSISTANCE IN THE COMMUNITY CLO GIVES INDIVIDUALS THE OPPORTUNITY TO LEARN THE TRANSPORTATION SYSTEM, BECOME EMPLOYED, CONTINUE EDUCATION, MEET NEW FRIENDS, BUDGET MONEY, MOVE INTO ONE'S OWN APARTMENT OR HAVE A ROOMMATE AND ACCOMPLISH GOALS MOST IMPORTANTLY, IT GIVES CONSUMERS AN OPPORTUNITY TO BECOME INDEPENDENT THE COMMUNITY LIVING OPTIONS PROGRAM SERVED 166 CONSUMERS THIS YEAR, COMPARED TO 57 CONSUMERS LAST YEAR -EARLY INTERVENTION HAS A FULL-TIME EARLY INTERVENTION COORDINATOR WHO IS A PERSON WITH A SIGNIFICANT DISABILITY WHO MENTORS NEWLY-DISABLED INDIVIDUALS IN REHAB CENTERS TO ADOPT IL(INDEPENDENT LIVING) PHILOSOPHY AND LEARN ABOUT THEIR OPTIONS WHILE THEY ADJUST TO A NEW LIFESTYLE DURING THE REPORTING YEAR, THE EI COORDINATOR MADE 618 CONTACTS WITH CONSUMERS AND 455 REHAB OUTREACH CONTACTS A TOTAL OF 368 PEER MENTOR HOURS WERE CONTRIBUTED TO THIS PROGRAM, WITH 31 MENTOR/MENTEE MATCHES-YOUTH TRANSITION OUTREACH TO YOUTH WITH DISABILITIES, FAMILIES, AND SCHOOLS AND PROVIDE MENTORING OPPORTUNITIES, PRESENT THE IL/SELF-DETERMINATION PHILOSOPHY, ADVOCATE IN IEP MEETINGS, AND CONDUCT WORKSHOPS & TRAININGS ON TRANSITION ISSUES SO THEY CAN GAIN THE SKILLS AND CONFIDENCE TO BE EMPLOYABLE AND DEVELOP LIFESTYLES THAT WILL LEAD TO SUCCESSFUL ADULTHOOD YOUTH TRANSITION STAFF, WITH TRAINED VOLUNTEERS, PROVIDED TOTAL OF 532 HOURS OF WORKSHOPS AND TRAININGS TO LOCAL SCHOOLS -THE ABIL REINTEGRATION PROGRAM ASSISTS YOUNG ADULTS UNDER AGE 65 IN GAINING CONFIDENCE, KNOWLEDGE, AND RESOURCES NEEDED TO MOVE OUT OF NURSING HOMES AND MOVE INTO THEIR OWN HOME OR APARTMENT OR INTO ASSISTED LIVING FACILITIES ABIL COMBINES SYSTEMS ADVOCACY WITH TEACHING CONSUMERS INDIVIDUAL ADVOCACY SKILLS THIS PROGRAM ASSISTED 24 CONSUMERS IN LEAVING NURSING HOMES TO EXPERIENCE LESS RESTRICTIVE, MORE INDEPENDENT LIVING ARRANGEMENTS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ARIZONA BRIDGE TO INDEPENDENT LIVING INC

Employer identification number 86-0486447

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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 for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 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.

- 1a 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
b 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
2 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

Table with 2 columns: Description (1c-1f) and Amount

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 the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTEREST RATE SWAP LIABILITY	1,945,677
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,945,677

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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	34,562,941
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,981,647
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,581,294
4	Net unrealized gains (losses) on investments	4	490,376
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	299,612
9	Total adjustments (net) Add lines 4 - 8	9	789,988
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,371,282

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	34,942,182
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	490,376
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	490,376
3	Subtract line 2e from line 1	3	34,451,806
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	111,135
c	Add lines 4a and 4b	4c	111,135
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	34,562,941

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

1	Total expenses and losses per audited financial statements	1	31,570,900
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	31,570,900
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	410,747
c	Add lines 4a and 4b	4c	410,747
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	31,981,647

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF INTEREST RATE SWAP 268,224 RENTAL EXPENSES 31,388
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSES -31,388 EXPENSES FOR SPECIAL PROJECTS INCLUDED IN REVENUE 142,523
PART XIII, LINE 4B - OTHER ADJUSTMENTS		CHANGE IN VALUE OF INTEREST RATE SWAP 268,224 EXPENSES FOR SPECIAL PROJECTS INCLUDED IN REVENUE 142,523

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

ARIZONA BRIDGE TO INDEPENDENT LIVING INC

Employer identification number

86-0486447

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		COPY OF FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE BEFORE IT IS FILED

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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 FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR.

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 490,376 CHANGE IN VALUE OF INTEREST RATE SWAP 268,224 RENTAL EXPENSES 31,388 TOTAL TO FORM 990, PART XI, LINE 5 789,988

Identifier	Return Reference	Explanation
OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS	FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE HAS RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS. THE FINANCE COMMITTEE CONSISTS OF THE 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)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ARIZONA BRIDGE TO INDEPENDENT LIVING INC

Employer identification number
86-0486447

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) ABIL DEVELOPMENT LLC 5025 E WASHINGTON STSTE 200 PHOENIX, AZ 85034 20-8379903	LEASING SPACE MAINLY TO NON-PROFIT ORGANIZATIONS	AZ	386,453	26,981,616	N/A

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**