

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**2000**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2000 calendar year, or tax year beginning , 2000, and ending , 20

**B** Check if applicable:  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return

Please use IRS label or print or type. See Specific instructions.

**C** Name of organization  
**Ability Plus Academy of Colorado**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**2995 South Estes Street**

City or town, state or country, and ZIP + 4  
**Lakewood, CO. 80227-4516**

**D** Employer identification number  
**84 : 1328801**

**E** Telephone no.  
**( 303 ) 781-8071**

**F** Check  if application pending

**G** Accounting method:  Cash  Accrual  Other (specify) ▶ **H** Enter 4-digit group exemption no. (GEN) ▶ **4171**

**I** Organization type (check only one)—  501(c) ( 3 ) ◀ (insert no.)  527 or  4947(a)(1)

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

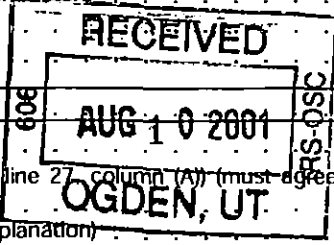
**J** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**K** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **78891.19**

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 34.)

<b>Revenue</b>	
1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 77388.03
3 Membership dues and assessments	3
4 Investment income	4 10.54
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c
6 Special events and activities (attach schedule):	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 1468.93
b Less: direct expenses other than fundraising expenses	6b 1410.57
c Net income or (loss) from special events and activities (line 6a less line 6b)	6c 58.36
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c
8 Other revenue (describe ▶ <b>Refund/Rebate</b> )	8 23.69
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 77480.62
<b>Expenses</b>	
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 50434.25
13 Professional fees and other payments to independent contractors	13 252.00
14 Occupancy, rent, utilities, and maintenance	14 6240.00
15 Printing, publications, postage, and shipping	15 872.20
16 Other expenses (describe ▶ <b>See Schedule</b> )	16 20604.93
17 Total expenses (add lines 10 through 16)	17 78403.38
<b>Net Assets</b>	
18 Excess or (deficit) for the year (line 9 less line 17)	18 (922.76)
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 4998.46
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year (combine lines 18 through 20)	21 4075.70



**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 37.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2651.85	22 1048.14
23 Land and buildings		23
24 Other assets (describe ▶ <b>Furniture, Fixtures and Equipment</b> )	4126.40	24 5323.65
25 Total assets	6778.25	25 6371.79
26 Total liabilities (describe ▶ <b>See Schedule</b> )	1779.79	26 2296.09
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	4998.46	27 4075.70

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

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Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>Education</b>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
<b>28 Educational Services - Preschool through 8th grade</b>		
Number of Students = 20		
(Grants \$)	<b>28a</b>	<b>65613.00</b>
<b>29</b>		
(Grants \$)	<b>29a</b>	
<b>30</b>		
(Grants \$)	<b>30a</b>	
<b>31 Other program services (attach schedule)</b>	(Grants \$)	<b>31a</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>		<b>32</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Jeanette Banks 3672 South Lee Court, Lakewood, CO. 80235	President - 40 Hours	15250.00	0	0
Laura Levitt 10231 East Peakview Ave., Englewood, CO. 80111	Corp. Secretary - 1 Hour	0	0	0
Ed Krug 5792 South Netherland, Aurora, CO. 80016	Vice President - 1 Hour	0	0	0

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14.)		Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			<input checked="" type="checkbox"/>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			<input checked="" type="checkbox"/>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?			<input checked="" type="checkbox"/>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)			<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization file Form 1120-POL for this year?			<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b>	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>39 501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>40a 501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b 501(c)(3) and (4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.			<input checked="" type="checkbox"/>
<b>c</b> Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶	0		<input checked="" type="checkbox"/>
<b>d</b> Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶	0		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶			
<b>42</b> The books are in care of ▶ <b>Jeanette Banks</b> Telephone no. ▶ <b>(720) 963-0831</b>			
Located at ▶ <b>3672 South Lee Court, Lakewood, CO.</b> ZIP + 4 ▶ <b>80235-1123</b>			
<b>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/></b> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ <b>43</b>			

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction VI, page 14.)			
	Signature of officer <i>Jeanette Banks</i>		Date <i>17 Aug '01</i>	Type or print name and title <b>Jeanette Banks, President</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>[Signature]</i>	Date <i>5/23/01</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) and address, and ZIP code <b>Admin Power, Inc. 462 Rising Sun Road, Bailey, CO. 80421</b>	EIN <b>84-133212</b>	Phone no. <b>(303) 816-1938</b>	



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

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

**2000**

**Supplementary Information—(See separate instructions.)**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

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

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

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services ▶		

**Part III** Statements About Activities

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

**Part IV** Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

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

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

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

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

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .. ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .					
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose . . . . .					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .					
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22. . . . .					
<b>24</b> Line 23 minus line 17. . . . .					
<b>25</b> Enter 1% of line 23 . . . . .					
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24. . . . . ▶					<b>26a</b>
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. . . . . ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ . . . . . ▶					<b>26d</b>
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶					<b>26f</b> %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b>
d Add: Line 27a total _____ and line 27b total _____ . . . . . ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total). . . . . ▶					<b>27e</b>
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . . . ▶					<b>27f</b>
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶					<b>27g</b> %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . ▶					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V Private School Questionnaire** (See page 5 of the instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	✓	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) <u>Placed in the Rocky Mountain News newspaper on 26 January 2000</u> . . . . . . . . . . . . . . .	✓	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	✓	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	✓	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	✓	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	✓	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) . . . . . . . . . . . . . . .		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		✓
<b>b</b> Admissions policies? . . . . .		✓
<b>c</b> Employment of faculty or administrative staff? . . . . .		✓
<b>d</b> Scholarships or other financial assistance? . . . . .		✓
<b>e</b> Educational policies? . . . . .		✓
<b>f</b> Use of facilities? . . . . .		✓
<b>g</b> Athletic programs? . . . . .		✓
<b>h</b> Other extracurricular activities? . . . . .		✓
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) . . . . . . . . . . . . . . .		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		✓
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		✓
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	✓	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

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

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





Ability Plus Academy Of Colorado

84-1328801

990-EZ

Line 16 Schedule of Other Expenses

Advertising	132.00
ASI Fees	6102.66
Bank Service Charges	88.45
Books & Materials	2657.74
Classroom Supplies	600.97
Insurance	684.00
Interest Expense	15.22
License and Permits	4628.50
Office Supplies	1452.45
Other Delivery Costs	105.63
Rep Award	1177.50
Staff Training	315.00
Telephone	2071.79
Travel	573.02
Total Other Expenses	20604.93

Line 26 Total Liabilities

	Last Year	This Year
Vendor Accounts Payable	852.82	184.55
Payroll Taxes Payable	926.97	1113.19
Prepaid Services	0.00	998.35
Totals	1779.79	2296.09

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1704

▶ File a separate application for each return

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

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

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

Type or print file by the due date for filing your return. See instructions.	Name of Exempt Organization <u>Ability Plus Academy of Colorado, Inc</u>	Employer identification number <u>84-1328801</u>
	Number, street, and room or suite no. If a P.O. box, see instructions <u>299.5 S. Ester St.</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Lakewood, CO 80227</u>	

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

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) 4171. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover. 84-132-8801 only

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Aug 15, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2000 or  
 ▶  tax year beginning ..... 20..... and ending ..... 20.....

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

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

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

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FED coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

**Signature and Verification**

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

Signature ▶ Janette W. Bards Title ▶ Executive Director Date ▶ 15 May '01