

Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2000 calendar year, or tax year period beginning **09/01, 2000**, and ending **08/31, 2001**

- 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 School, Inc		D Employer identification number 13; 2769303
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number ()
	192 West Demarest Ave		
	City or town state or country and ZIP code Englewood, NJ 07631-		F Check <input type="checkbox"/> if application pending

G 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 Accounting method Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return with the Service data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? Yes No (If "No," attach a list. See inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4 digit group exemption no. (GEN) ▶

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 Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	51,539		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash <input type="checkbox"/> noncash \$)	1d		51,539	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		362,028	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		658	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c columns (A) and (B))	8d			
9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	15,933		
	b	Less direct expenses other than fundraising expenses	9b	3,020		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		12,913		
10a	Gross sales of inventory, less returns and allowances	10a	1,737			
	b	Less cost of goods sold	10b	1,087		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		650	
11	Other revenue (from Part VII, line 103)	11		421		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		428,209		
Expenses	13	Program services (from line 44, column (B))	13		359,491	
	14	Management and general (from line 44, column (C))	14		21,009	
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		380,500	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		47,709	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		143,679	
	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, 19, and 20)	21		191,388	

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	42,185	42,185		
26	Other salaries and wages	72,622	72,622		
27	Pension plan contributions				
28	Other employee benefits	16,017	16,017		
29	Payroll taxes	33,020	33,020		
30	Professional fundraising fees				
31	Accounting fees	900	900		
32	Legal fees	450	450		
33	Supplies	35,576	35,576		
34	Telephone	6,948	6,948		
35	Postage and shipping	2,908	2,908		
36	Occupancy	56,718	56,718		
37	Equipment rental and maintenance	12,637	12,637		
38	Printing and publications	5,067	5,067		
39	Travel	6,792	6,792		
40	Conferences, conventions, and meetings				
41	Interest	1,186		1,186	
42	Depreciation, depletion, etc (attach schedule)	5,807		5,807	
43	Other expenses (itemize) a				
b					
c	See attached schedule	81,667	67,651	14,016	
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) (D), carry these totals to lines 13-15.	380,500	359,491	21,009	

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? School	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a All service outputs and expenses attributable to school prgrms _____ _____ _____ (Grants and allocations \$ _____)	
b _____ _____ _____ (Grants and allocations \$ _____)	
c _____ _____ _____ (Grants and allocations \$ _____)	
d _____ _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	

Part IV Balance Sheets (See Specific Instructions on page 23)

Note		(A)		(B)		
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	-	5,701	45	17,447
	46	Savings and temporary cash investments	-	92,636	46	100,949
	47a	Accounts receivable	34,739			
	b	Less allowance for doubtful accounts	-	22,304	47c	34,739
	48a	Pledges receivable	-			
	b	Less allowance for doubtful accounts	-		48c	
	49	Grants receivable	-		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)	-		50	
	51a	Other notes and loans receivable (attach schedule)	-			
	b	Less allowance for doubtful accounts	-		51c	
	52	Inventories for sale or use	-		52	
	53	Prepaid expenses and deferred charges	-		53	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	-		54	
	55a	Investments—land, buildings, and equipment basis	-			
	b	Less accumulated depreciation (attach schedule)	-		55c	
	56	Investments—other (attach schedule)	-		56	
	57a	Land, buildings, and equipment basis	57,979			
	b	Less accumulated depreciation (attach schedule)	-			
	58	Other assets (describe <input type="checkbox"/> Security Deposits)	-	25,461	57c	19,654
59	Total assets (add lines 45 through 58) (must equal line 74)	-	4,000	58	4,000	
Liabilities	60	Accounts payable and accrued expenses	-	6,423	60	4,901
	61	Grants payable	-		61	
	62	Deferred revenue	-		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	-		63	
	64a	Tax-exempt bond liabilities (attach schedule)	-		64a	
	b	Mortgages and other notes payable (attach schedule)	-		64b	
	65	Other liabilities (describe <input type="checkbox"/>)	-		65	
	66	Total liabilities (add lines 60 through 65)	-	6,423	66	4,901
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	-		67	
	68	Temporarily restricted	-		68	
	69	Permanently restricted	-		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds	-	1,000	70	1,000
	71	Paid-in or capital surplus, or land, building, and equipment fund	-		71	
	72	Retained earnings, endowment, accumulated income, or other funds	-	142,679	72	170,888
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	-	143,679	73	171,888	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	-	150,102	74	176,789	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See Specific Instructions on page 26)		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		X
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed	90a		
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b		
91	The books are in care of <u>Mary M Miller</u> Telephone no <u>(201) 871-8808</u> Located at <u>192 West Demarest Ave Englewood, NJ</u> ZIP code <u>07631</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Tuition & Aft-Schl					362,028
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	658	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	12,913	
102 Gross profit or (loss) from sales of inventory					650
103 Other revenue a Referral Fees					421
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				13,571	363,099
105 Total (add line 104, columns (B), (D), and (E))					376,670

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W on page 14)

Signature of officer	Date	Type or print name and title
<i>Stephen Workman</i>	06/23/2002	
Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>
<i>Stephen Workman</i>	06/23/2002	
Firm's name (or yours if self-employed) and address and ZIP code	EIN	Preparer's SSN or PTIN
Workman & Faulkner 783 Lincoln Ave Glen Rock, NJ 07452	22-3023612	144-34-8135
	Phone no	
	(201) 652-2636	



Form 990	Supplemental Schedule	For Tax Year 2000
Name Ability School, Inc		Employer ID Number 13-2769303

Page 1, part I, line 8c

Assets other than securities

Gross sale price		
Date acquired		
How acquired		
Cost or other basis		
Method used.	Cost	
Date sold		
To whom sold		
Expense of sale		
Depr since acq		
Gain / loss		
Total gain (loss)		<u>\$</u>

Page 1, part I, line 10c

<u>Type of inventory.</u>	<u>Gross sales</u>
Book Sales	1,737
	<u>1,737</u>
Gross sales	1,737
Less returns and allowances	
Net sales	<u>1,737</u>
Less cost of goods sold:	1,087
Total gross profit / loss	<u>\$ 650</u>

Page 2, part II, line 43

	<u>Total</u>	<u>Program Services</u>	<u>Management and general</u>	<u>Fundraising</u>
Royalties	36,351	36,351		
Subcontract Services	11,301	11,301		
Field Trips & Events	12,986	12,986		
Insurance	7,013	7,013		
Office & Misc Expenses	6,253		6,253	
Lease Payments	7,763		7,763	
	<u>\$ 81,667</u>	<u>\$ 67,651</u>	<u>\$ 14,016</u>	<u>\$</u>

Form 990	Supplemental Schedule	For Tax Year 2000
Name Ability School, Inc		Employer ID Number 13-2769303

Page 3, part IV, line 57

	<u>Cost or other basis</u>	<u>Accumulated depreciation</u>	<u>Book value</u>
Vehicle 1	12,720	12,720	
Furn & Fixtures	2,350	2,350	
Furn & Fixtures	6,920	5,438	1,482
Furn & Fixtures	2,755	2,755	
Improvements	3,650	3,650	
Improvements	9,689	6,783	2,906
Library	1,300	910	390
Vehicle 2	18,595	3,719	14,876
Total	<u>\$ 57,979</u>	<u>\$ 38,325</u>	<u>\$ 19,654</u>

Page 3, Part IV, line 58

Description	Amount
Security Deposits	4,000
Total	<u>\$ 4,000</u>

Form 990	Supplemental Schedule	For Tax Year 2000
Name Ability School, Inc		Employer ID Number 13-2769303

Page 4, part V

		<u>Compen- sation</u>	<u>Contrib to benefit plans</u>	<u>Expense account</u>
Name	Mary M Miller			
Address	260 Riverside Dr NY,NY			
Title	Exec Director			
Avg hours per wk	40			
Total		<u>\$ 21,120</u>	<u>\$</u>	<u>\$</u>
Name	Maryann Hoffman			
Address	931 Banta Ridgefld, NJ			
Title	Dean/Director			
Avg hours per wk	40			
Total		<u>\$ 21,065</u>	<u>\$</u>	<u>\$</u>
Name	Stephen Workman			
Address	783 Lincoln GlenRockNJ			
Title	Director			
Avg hours per wk	0			
Total		<u>\$ 0</u>	<u>\$</u>	<u>\$</u>

Page 1, part I, line 9

<u>Description</u>	<u>Revenue from event</u>	<u>Expenses related to event</u>	<u>Gain/Loss</u>
Bike-a-Thon	<u>15,933</u>	<u>3,020</u>	<u>12,913</u>
Total	<u>\$ 15,933</u>	<u>\$ 3,020</u>	<u>\$ 12,913</u>

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

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization ABILITY SCHOOL, INC.	Employer identification number 13 : 2769303
	Number street, and room or suite no. If a P.O. box, see instructions 192 W. DEMAREST AVE	For IRS use only
	City town or post office state, and ZIP code For a foreign address, see instructions ENGLEWOOD, NJ 07631 041502	

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

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

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

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

4 I request an additional 3-month extension of time until JULY 15, 2002

5 For calendar year or other tax year beginning SEPT 1, 2000 and ending AVG 31, 2001

6 If this tax year Initial return Final return Change in accounting period

7 State in detail EXTENSION DENIED

8a If this application is nonrefundable JUN 06 2002

8b If this application is for tax payments previously withheld LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

8c Balance Due Subtract line 8b from line 8a. Include your payment on this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

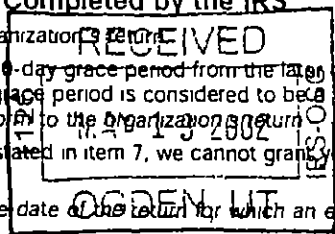
Signature and Verification

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 Stephen Workman Title Director Date 4-14-02

Notice to Applicant—To Be Completed by the IRS

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



pls file immediately

Director _____ Date _____

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

Type or print	Name STEPHEN WORKMAN	INTERNAL REVENUE SERVICE RECEIVED
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 783 LINCOLN AVE	MAY 13 2002
	City or town, province or state, and country (including postal or ZIP code) GLEN ROCK, NJ 07452	SERVICE CENTER DIRECTOR COVINGTON, KY MAIL UNIT #37

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ 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 ABILITY SCHOOL INC	Employer identification number 13 :2769303
	Number, street, and room or suite no. If a P O box see instructions 192 WEST DEMAREST AVE.	
	City, town or post office, state, and ZIP code. For a foreign address see instructions ENGLEWOOD, NJ 07631	

- Check type of return to be filed (file a separate application for each return)
- | | | |
|--|--|------------------------------------|
| <input checked="" 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 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) _____ 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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **APRIL 15, 2002** to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 20 .. or
 ▶ tax year beginning .. **SEPT 1, 2000** and ending .. **AUGUST 31, 2001**

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 FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ -

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 ▶ Stephen Workman Title ▶ Accountant Date ▶ 1/7/02