Forth 990

Department of the Tjeasury

Internal Revenue Service

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

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

2000

OMB No 1545-0047

Open to Public Inspection

7	A 1	For the 2000	0 calendar	year, or tax year perio	d beginning	09/01 , 2	000, and ending	1	08/31 , 20 01
ı		heck if applica	hie Piease	C Name of organization				D Employe	r identification number
		hange of addres	B USA DES	Ability School, Inc_				13; 27	69303
- 7	_	Change of name print or Number and street (or P O box if mail is not delivered to street address) Room/suite E							ne number
:	_	ntial return	type See	192 West Demarest	Ave		1	()	
í	_	inal return	Specific Instruc	City or town state or co-	untry and ZIP code			F Check ▶	If application pending
į	=	mended retur		Englewood, NJ 0763			ļ	1 CHECK -	- If application pencing
_							Note H and I a	are not applic	cable to section 527 orgs
(G C)roanization 1	type (check (only one) 🕨 🗵 501(c) (3	3) ∢ (insert no) ☐ 527 or	4947(a)(1	H(a) Is this a g	roup return i	for affiliates? 🔲 Yes 🔀 No
-					(1) nonexempt charitabl				of affiliates >
	a	ittach a cor	npleted Sc	chedule A (Form 990 or	900-EZ)		H(c) Are all a		
•	1 A	Accounting me	ethod 🗶 (Cash Accrual C	Other (specify) >				st See inst)
					receipts are normally no	nt more than	H(d) is this a se	eparate return	a group ruling? Yes 🔼 No
l	r (25 OOO The	organizati	on need not file a retur	n with the IRS, but if the	e organization	I Enter 4 de	iait aroup ex	emption no. (GEN) ►
	r	eceived a Fo	orm 990 Pa	ackage in the mail, it sho	AND HOW INVESTIGATION	NA CE date			organization is not required
	9	Some states	s require a	complete return 161	nali Revenue Se	1			(Form 990 or 990-EZ) ►
ı		rt I Rev	ioniio Ei	vnoncos and Char	Sersmus Alberta	Fund Bala			structions on page 16)
l	- 6					Para Date	inces (See Si	<i>100110</i>	structions on page to p
				gifts, grants, and sin		1 20 1	51,5	20	
			ct public s	• •	SEP 1 0 2003	- 1a	<u>ي د ا د</u>	33	
			ect public		, יי ושט	. '		////	
	- 1			ontributions (grants)		1c	}		E4 500
				s 1a through (cash		cash \$)	1d	51,539
		2 Prog	ram servic	e revenue including go	verningen (ee antsdern	ncts (from Pa	aft VII, line 93)	2	362,028
		3 Mem	ibership d	lues and assessments	(/LODI-		J	3	<u>_</u>
		4 Inter	est on sav	vings and tem <u>porary c</u>	esh investments			4	
		5 Divid	lends and	interest from securities	es .			5	658
		6a Gros	s rents			. 6a		<i>(/////</i> //	
		b Less	rental ex	rpenses		_ 6b		_//////	
		c Net r	rental inco	ome or (loss) (subtract	line 6b from line 6a)	•		6c	
	10	7 Othe	r investm	ent income (describe l			}}	7	
	2	8a Gros	s amount	from sales of assets	other (A) Secunties		(B) Other	<i>(((((((((((((((((((((((((((((((((((</i>	
	Revenue		inventory			8a			
	ш.		_	her basis and sales expe	enses	8b			
				(attach schedule)		8c			
				ss) (combine line 8c co	lumns (A) and (B))			8d	
				s and activities (attach			-		
				e (not including \$	0	f			
				reported on line 1a)		່ 9a	15,9	33	
		J		xpenses other than fu	ndraising expenses	9b	3,0	20	
					rents (subtract line 9b	from line 9a)		9c	12,913
				f inventory, less return		10a	1,7	37	
		1		goods sold	5 Bild dilowalices	10b	1,0	87	
				_	tory (attach schedule) (su	-		10c	650
				(1055) Holli Sales of life 10 (from Part VII, line 10		iogact iiile Toi	o nom me roa,	11	421
\mathfrak{Q}					5, 6c, 7, 8d, 9c, <u>10c, an</u>	d 11)	•	12	428,209
֚֚֝֟֝֝֟֝֟֝֟֝֟֝ ֚								13	359,491
\sim	S			ices (from line 44, colu				14	21,009
SEP 2 2 103	Expenses			and general (from line				15	<u></u>
7 7	хbе			rom line 44, column (E				16	
	ш	16 Payı 17 Tota	ments to a	affiliates (attach sched es (add lines 16 and 4	uie) 4. column (A))	•	• •	17	380,500
			-			131		18	47,709
\bigcirc	sets				ract line 17 from line 1		- (A))	19	143,679
魠	As	19 Net	assets or	rund balances at beg	inning of year (from lin	e /3, columi Janatian'	I (A))	20	1.0010
FILMED	Net Assets	20 Othe	er change	s in het assets of fund	d balances (attach exp	110 and 201	•	_ 21	191,388
ũ.		21 Net	assets of I	runa palances at end o	f year (combine lines 18	, 13, and 20)		- 41	191,300

Form 990 (2000) Ability School, Inc. 13-2769303 Page 2 Part II Statement of 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) Functional Expenses Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I services and general 22 Grants and allocations (attach schedule) 22 (cash \$ _____ noncash \$ _ 23 23 Specific assistance to individuals (attach schedule) 24 24 Benefits paid to or for members (attach schedule). 42,185 42,185 25 25 Compensation of officers, directors, etc. 26 72,622 72,622 26 Other salaries and wages 27 27 Pension plan contributions 16,017 16.017 28 28 Other employee benefits 33,020 33,020 29 29 Payroll taxes 30 30 Professional fundraising fees 900 900 31 31 Accounting fees 450 450 32 Legal fees 32 35,576 35,576 33 33 Supplies 34 6.948 6.948 Telephone 34 2,908 2.908 35 35 Postage and shipping 56,718 56,718 36 36 Occupancy 12,637 37 12,637 37 Equipment rental and maintenance 5,067 5,067 38 Printing and publications 38 6,792 6,792 39 39 Travel 40 40 Conferences, conventions, and meetings 1,186 1,186 41 41 Interest 5,807 42 5.807 42 Depreciation, depletion, etc. (attach schedule) 43a 43 Other expenses (itemize) a 43b b 81,667 67,651 14,016 See attached schedule 43c C 43d d 43e е 44 Total functional expenses (add fines 22 through 43). Organizations 21,009 completing columns (B) (D), carry these totals to lines 13-15 380,500 359,491 44 Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ☐ Yes _, (ii) the amount allocated to Program services \$_ If "Yes," enter (i) the aggregate amount of these joint costs \$___ (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 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) (4) orgs and 4947(a)(1) trusts, but optional for others) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) All service outputs and expenses attributable to school prgrms (Grants and allocations (Grants and allocations (Grants and allocations

> (Grants and allocations (Grants and allocations

Total of Program Service Expenses (should equal line 44, column (B), Program services)

Other program services (attach schedule)

b

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

45	17,447 100,949 34,739
47a Accounts receivable b Less allowance for doubtful accounts 47b 22,304 47c 48a Pledges receivable b Less allowance for doubtful accounts 48a Pledges receivable b Less allowance for doubtful accounts 49 Grants receivable 50 Receivables from officers, directors, trustees, and key employees (attach schedule) 51a Other notes and loans receivable (attach schedule) b Less allowance for doubtful accounts 51b 51c Investments—securities (attach schedule) 55a Investments—and, buildings, and equipment basis b Less accumulated depreciation (attach schedule) 55a Investments—other (attach schedule) 55a Investments—other (attach schedule) 55a Investments—other (attach schedule) 55a Investments—other (attach schedule) 55b 55c 56 Investments—other (attach schedule) 57a Land, buildings, and equipment basis b Less accumulated depreciation (attach schedule) 55a Investments—other (attach schedule) 55b 57a 57,979 b Less accumulated fereiation (attach schedule) 57b 38,325 25,461 57c 58 Other assets (describe ► Security Deposits) 4,000 58 59 Total assets (add lines 45 through 58) (must equal line 74) 150,102 59 60 Accounts payable and accrued expenses	
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58 Other assets (describe ► Security Deposits) 4,000 58 59 Total assets (add lines 45 through 58) (must equal line 74) - 150,102 59 60 Accounts payable and accrued expenses 6,423 60	** *
59 Total assets (add lines 45 through 58) (must equal line 74) _ 150,102 59 60 Accounts payable and accrued expenses _ 6,423 60	19,654
60 Accounts payable and accrued expenses 6,423 60	4,000
60 Accounts payable and accrued expenses 6,423 60	176,789
	4,901
62 Deferred revenue 62	
63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 Loans from officers, directors, trustees, and key employees (attach 63 64a Tax-exempt bond liabilities (attach schedule) 64 Tax-exempt bond liabilities (attach schedule)	
b Mortgages and other notes payable (attach schedule)	
65 Other liabilities (describe ►) 65	
66 Total liabilities (add lines 60 through 65) 6,423 66	4,901
	4,501
Organizations that follow SFAS 117, check here ► □ and complete lines 67 through 69 and lines 73 and 74	
67 Unrestricted	
68 Temporarily restricted	
69 Permanently restricted	
67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Permanently restricted 69 Corganizations that do not follow SFAS 117, check here ► 🗶 and complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 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	
complete lines 70 through 74	
5 70 Capital stock, trust principal, or current funds	1,000
71 Paid-in or capital surplus, or land, building, and equipment fund	470.000
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 IV-A	Reconciliation of Revenu Financial Statements with Return (See Specific Instru	n Revenue	per	Part	F	econc inancia leturn	iliation o al Staten	f Expense nents with	s pe Exp	r Audited enses per
a Total r	evenue, gains, and other support			а	Total exp	enses	and lo	sses per		
per au	dited financial statements	a (1/1/1////////////////////////////////			audited fin				a	
	nts included on line a but not on 2, Form 990			b	Amounts in on line 17,	•		a but not		
	estments • \$			(1)	Donated and use of					
1 7	ed services se of facilities \$			(2)	Prior year ad					
	eries of prior				Form 990 .		<u> </u>			
year g				(3)	Losses rep					
(4) Other	(specify)			(4)	line 20, For Other (spe		. 3			
	\$			' ''						
Add ar	mounts on lines (1) through (4)	b			•••••		<u> </u>			
	l b			_	Add amour			rough (4)►	b	
	minus line b nts included on line 12.			d	Line a min			▶ 17		
	990 but not on line a			ď	Form 990					
(1) investo	nent expenses			(1)	Investment	expense	es.			
	cluded on line				not include		ie 🔹			
6b, For (2) Other				(2)	6b, Form 99 Other (spe		. +	-		
(2) Other	(3pecky)			(-)	tope		_			
	<u>\$</u>						<u> </u>			
	mounts on lines (1) and (2)	d		_	Add amou		-	-	4	
	revenue per line 12, Form 990 plus line d)	e		e	Total exper (line c plus			Form 990	e	
	List of Officers, Directors, T Instructions on page 25)	rustees, a	nd Key	Empl	oyees (List	each o	one even	ıf not comp	ensa	ted, see Specific
	(A) Name and address		(B) Title a	nd avera	nge hours per to position	(If not p	npensation paid, enter -0-)	(D) Contribution employee benefit deferred compen	olans & i	(E) Expense account and other allowances
Mary M Mi 260 Rivers	ller ide Dr NY,NY		Exec Di	rector			21,120			_
Maryann H	offman Ridgefid, NJ		Dean/Di 40	rector			21,065			
Stephen W			Director	•	···		21,000			
783 Lincoli	n GlenRockNJ		0			<u> </u>	0			
			 		<u>.</u>	 				
	·····					ļ <u>.</u>				_
										_
				• •	. ,, ,,					
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							··· -· ·			
organiz	y officer, director, trustee, or key en zation and all related organizations, o s," attach schedule—see Specifi	of which moi	re than \$10	0,000 w	mpensation i as provided	of more by the r	than \$100 elated org),000 from yo anizations?	our •	☐ Yes ☒ No

Par	Other Information (See Specific Instructions on page 26.)	N/A	Yes			
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						
	If "Yes," attach a conformed copy of the changes					
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?					
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	mm.	X		
b	If "Yes," enter the name of the organization ▶					
	and check whether it is exempt OR nonexempt					
81a	Enter the amount of political expenditures, direct or indirect, as described in the					
	instructions for line 81					
	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	02-	i i	×		
	or at substantially less than fair rental value? ,	82a				
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)					
	1 000 117	83a	//////X			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83b	<u>x</u>	+		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a		X		
	Did the organization solicit any contributions or gifts that were not tax deductible?					
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	84b				
00	or gifts were not tax deductible?					
85 h	Did the organization make only in-house lobbying expenditures of \$2 000 or less?	85a 85b		X		
b	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					
С	Dues, assessments, and similar amounts from members					
	Section 162(e) lobbying and political expenditures					
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices85e					
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			<i>74/1/11</i>		
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		ĺ			
	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					
b	Gross receipts, included on line 12, for public use of club facilities					
87	501(c)(12) orgs Enter a Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
	Sources against amounts and or received ment alone,					
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		ĺ			
	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	ĺ	l x		
900	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under					
89a	section 4911 ▶, section 4912 ▶, section 4955 ▶					
ь	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	7	ĺ			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	1	l			
	a statement explaining each transaction	89b	<u> </u>	X		
С	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					
	List the states with which a copy of this return is filed ▶					
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)					
91	The books are in care of ► Mary M Miller Telephone no ► (201)8	71-88	18			
	Located at ► 192 West Demarest Ave Englewood, NJ ZIP code ► 07631		·			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			P L.		
_	and enter the amount of tax-exempt interest received or accrued during the tax year ► 92					

Part VII	Analysis of Income-Producing A	ctivities (See S	pecific Instruct	ions on pag	je 30)	
	ss amounts unless otherwise		usiness income		tion 512 513, or 514	(E)
ındıcated		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
т	gram service revenue tion & Aft-Schl			 		362,028
a <u>run</u> b						
		_	 	 	 -	
d			 			
e			 			
	dicare/Medicaid payments .			1		
	s and contracts from government agencie	es .	_			
_	nbership dues and assessments					
	rest on savings and temporary cash investmen	ts				
	dends and interest from securities	-		14	658	
97 Net	rental income or (loss) from real estate					
a deb	t-financed property			<u> </u>		
	debt-financed property	-	<u> </u>			
98 Net	rental income or (loss) from personal property	у				
99 Oth	er investment income	-				
100 Gain	or (loss) from sales of assets other than invento	ry		<u> </u>		
101 Net	income or (loss) from special events	-		1	12,913	<u> </u>
102 Gro	ss profit or (loss) from sales of inventory		ļ <u>-</u>	ļ		650
103 Oth	er revenue a Referral Fees	_	ļ <u>.</u>			421
b			ļ	ļ		
c		_	 -	 		
d				<u> </u>		<u></u>
е			 		40.554	
	ototal (add columns (B), (D), and (E))	. <i>- XIIIIIIIIIIIIII</i>	a		13,571	363,099 376,670
	al (add line 104, columns (B), (D), and (E) e <i>105 plus line 1d, Part I, should equal th</i>		12 Part I		·	310,010
Part VIII				1505 (S00 Sr	Acific Instruction	ns on page 31)
	Explain how each activity for which incom					
Line No ▼	of the organization's exempt purposes (other				riportantity to trie a	ccomplishment
		<u></u>	<u> </u>	<u> </u>		
						
						
Part IX	Information Regarding Taxable Sub	sidiaries and Disi	regarded Entitie	s (See Spec	ific Instructions	on page 31)
NI	(A)	(8)	(C)		(D)	(E)
	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of ac	CUVICIES	Total income	End-of-year assets
		%				
		%				
		%				
		%				
Part X	Information Regarding Transfers Asso	ociated with Perso	onal Benefit Con	<u>tracts (See S</u>	pecific Instruction	ns on page 31)
(a) Did	the organization, during the year, receive a	any funds, directly	or indirectly, to p	ay premiums	on a personal	
	efit contract?	,	J . (J.	•	☐ Yes 🗹 No
(b) Did	the organization, during the year, pay pre-	emiums, directly o	r indirectly, on a	personal ber	nefit contract?	☐ Yes 🗹 No
Note If	"Yes" to (b), file Form 8870 and Form 4	1720 (see instructi	ons)			
	Under penalties of perjury I declare that I have exa	mined this return, inclu	ding accompanying s	chedules and sta	itements and to the t	est of my knowledge
Please	and belief it is true correct and complete Declai (Important, See General Instruction W on page		r than officer) is base	d on all informat	ion of which prepare	r has any knowledge
Sign	(importante see desials insudedant vi an page	i~, I				
Here	Superior of officer		} _		o and the	
	Signature of officer	Date		pe or print name Check I		CCN or DTIN
Paid	Preparer's Stephen (William)	leman	Date 06/23/2002	self-		SSN or PTIN
Preparer's			30/23/2002			34-8135
Use Only	Firm's name (or yours if self employed) and address and ZIP code 783 Lincoln Ave		452	EIN Phone r	<u>▶ 22: 302361</u> ; no ▶ (201) 652	
	I address dustricond Literatures	HOUR, (TO U/		_ I LIOUE (<u>~ ~ \ ZU /</u> 034	

· 4562

Depreciation and Amortization (Including Information on Listed Property)

ОМВ	No	1545-0172
G	<u>)</u> ((00

	ment of the Treasury at Revenue Service (99)	► See :	separate instructions	► Attach t	hıs form t	o your	return		Attachment Sequence No 67
Name	(s) shown on return		Busine	ess or activity to wh					Identifying number
Abı	lity School, Inc								13-2769303
Pai	Election To	Expense Ce	ertain Tangible Pr	operty (Secti	on 179)				
	Note If you	i have any "li:	sted property," co.	mplete Part V	before y	иои со	omplete P	art I	
1	Maximum dollar limi	tation If an en	iterprise zone busine	ess, see page 2	of the in	struct	ions -	1_	\$20,000
2	Total cost of section							2	
3	Threshold cost of se		=	, -			_	3	\$200,000
4	Reduction in limitati							4	0
5	Dollar limitation for t	tax year Subtra	act line 4 from line 1	I if zero or less	s, enter -()- If m	narried		
_	filing separately, see							5	20,000
	(a)	Description of prop	perty	(b) Cost (business	use only)	(c) Elected cos	ι	
6							<u> </u>		
7	Listed property Ent	er amount from	n line 27		7				
8	Total elected cost of			nts in column (c), lines 6	and 7		8_	
9	Tentative deduction			•	•		_	9	
10	Carryover of disallov	wed deduction	from 1999 See pag	ge 3 of the insti	ructions			10	
11	Business income limitat					(see in:	structions)	11	0
12	Section 179 expens	e deduction A	dd lines 9 and 10, t	out do not ente	r m <u>ore th</u>	an line	11	12	
13_	Carryover of disallower	ed deduction to	2001 Add lines 9 and	10, less line 12	▶ 13				
Note	Do not use Part II o	or Part III belov	w for listed property	(automobiles, d	certain oti	her ve	hicles, cellu	ılar te	lephones,
certa	ain computers, or pro	perty used for	entertainment, recre	eation, or amus	ement) li	nstead	, use Part	/ for I	isted property
Par	•		or Assets Placed	ın Service O	nly Dur	ıng Y	our 2000	Tax \	ear (Do not include
	listed prope	aty)	Santian A Cana	and Annual Annua					
	<u> </u>		Section A—Gene						
14	If you are making th						ervice durir	ig the	tax year into one
	or more general ass								
		(b) Month and	eral Depreciation S (c) Basis for depreciation	<u>. 1 </u>	See page	3 01	the instruct	ions)	
(a)	Classification of property	year placed in	(business/Investment us	e (a) Recovery	(e) Conv	ention	(f) Metho	d	(g) Depreciation deduction
152	3-year property	service	only—see instructions)	- 	 		 -		
	5-year property				+				
	7-year property			 	┼──				
	10-year property			- 					
	15-year property				+				
					 				
	20-year property 25-year property			25 yrs	 		S/L	_	
_g		<i>*************************************</i>	 	27 5 yrs		,			
n	Residential rental		 	27 5 yrs	MM MM		S/ <u>L</u> S/L		
	property				MM		S/L		
,	Nonresidential real	<u> </u>		39 yrs	MM		S/L		
	property	tion C—Alteri	native Depreciation	System (ADS)				ctions	1
162	Class life		name Depreciation	1 3 3 telli (ADS)	T (See pa	30 3 0	S/L	00000	/
	12-year			12 yrs	<u> </u>		S/L		
	40-year		 	40 yrs	MIM		S/L		
		eciation (Do	not include listed					tions	<u> </u>
								17	5,807
17	GDS and ADS dedu			e in tax years be	egi nning 1	perore	2000 .	18	3,007
18 19	Property subject to ACRS and other de-		ij election .				•	19	
			of the instructions				 -	ן נט	
				<i>L</i>				20	
20	Listed property Enti			.1 4.3				20	
21	Total Add deduction here and on the appr							21	5,807
22	For assets shown a	•	-	•					
	enter the portion of				22				

Form 990	Supplemental Schedule	For Tax Year 2000	
Name Ability School		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

Total gain (loss)

Page 1, part I, line 10c

Gain / loss

Type of inventory.	Gross sales
Book Sales	1,737
Gross sales	1,737
Less returns and alowances Net sales	1737
Less cost of goods sold:	1,087
Total gross profit / loss	\$ 650

Page 2, part II, line 43

	Total	Program Services	Management and general	Fundraising
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	
	\$ 81,667	\$ 67,651	\$ 14,016	\$_

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

Page 3, part IV, line 57

	Cost or other basis	Accumulated depreciation	Book value
Vehicle f	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	
Imporvements	9,689	6,783	2,906
Library	1,300	910	390
Vehicle 2	18,595	3,719	14,876
Total	\$ 57,979	\$ 38,325	\$ 19,654

Page 3, Part IV, line 58

Description	Amount
Security Deposits	4,000
Total	\$ 4,000

Form 990	Supplemental Schedule	Supplemental Schedule	
Name Ability School	ol, Inc		Employer ID Number 13-2769303

Page 4, part V		Compen- sation	Contrib to benefit plans	Expenseaccount
Name	Mary M Miller			
Address	260 Riverside Dr NY,NY			
Title	Exec Director			
Avg hours per wk	40			
Total		\$ 21,120	\$	\$
Name	Maryann Hoffman			
Address	931 Banta Ridgefld, NJ			
Title	Dean/Director			
Avg hours per wk	40			
Total		\$ 21,065	\$	
Name	Stephen Workman			
Address	783 Lincoln GlenRockNJ			
Title	Director			
Avg hours per wk	0			
Total		\$ 0	<u>\$</u>	

Page 1, part I, line 9

Description	Revenue from (event	Gain/Loss
Bike-a-Thon	15,933	3,020	12,913
Total	\$ 15,933	\$ 3,020	\$ 12,913

V .		
Form 8868 [12		Page 2
Note Only o	filing for an Additional (not automatic) 3-Month Extension, com- complete Part II if you have already been granted an automatic 3- filing for an Automatic 3-Month Extension, complete only Part	month extension on a previously filed Form 8868
	Additional (not automatic) 3-Month Extension of Time—	
Type or	Name of Exempt Organization	Employer identification number
print	ABILITY SCHOOL, INC.	13 : 2769303
File by the extended due date for	Number street, and room or suite no. If a PO box, see instructions. 192 W. DEMAREST AVE	For IRS use only
filing the return. See instructions	City town or post office state, and ZIP code For a foreign address, see, instruction of the code of th	
Check type	of return to be filed (File a separate application for each return)	
Form 990 Form 990	<u> </u>	☐ Form 1041-A ☐ Form 5227 ☐ Form 8870 ☐ Form 4720 ☐ Form 6069
STOP Do no	ot complete Part II if you were not already granted an automatic 3	-month extension on a previously filed Form 8868
	nization does not have an office or place of business in the Unite	
	r a Group Return, enter the organization's four digit Group Exemp	
	e group, check this box Graph If it is for part of the group, check of all members the extension is for	eck this box 🕨 🔲 and attach a list with the
	st an additional 3-month extension of time until	15 ,2002
•	at all additional a-month extension of time difficulting	2000 and ending AVG 31 20 01
6 If this t	~	Final return Change in accounting period
7 State in	•	
	S EXTENSION DENIED ハ From	THILD-PARTY PAYORS
' 8a If this a		nter the tentative tax, less any
	nation 1 INDA WFISKOPF, FIELD DIRECTOR, SO antor any re	RESORT - \$
b if this a tax pay previou	yments SUBMISSION PROCESSING, OGDEN on allowed Yas 2	fundable credits and estimated a green pand any amount paid
c Balanc with F	re Due Subtract line 8b from line 8a Include your payக்கொடுந் TD coupon or, if required, by using EFTPS (Electronic Federa	Tayform, or if required, deposit Il fax Payment System) See
instruct		
	Signature and Verification of perjury if declare that I have examined this form including accompanying schedult, and complete and that I am authorized to prepare this form	
Signature >	Stephen Waleman Title Diver	etar Date > 4-14-02
	// Notice to Applicant—To Be Complet	ed by tne IRS
☐ We have	e approved this application. Please attach this form to the organization	enit (VED
We have date of	e not approved this application. However, we have granted a 14-da y grace the organization's return (including any prior extensions). This glage period se required to be made on a timely return. Please attach this form to the <u>ព</u>	period from the large of the date shown below or the due is considered to be a valid extension of time for elections
L We have	e not approved this application. After considering the reasons stated in iter. Ve are not granting a 10-day grace period.	n 7, we cannot grants pur request for an extension of time
	not consider this application because it was filed after the due date who	e column for which an extension was requested
9 3,10, 2		
PS	file immediately	
Director		Date
	ailing Address — Enter the address if you want the copy of this an address different than the one entered above	INTERNAL REVENUE SERVICE
	Name STEPHEN WORKMAN	RECEIVED
Type or print	Number and street (include suite, room, or apt. no.) Or a PO box n +83 LINCOLN AVE	umber MAY 1 3 2002
	City or town, province or state, and country (including postal or ZIP	code) COVINGTON, KY MAIL UNIT #37

Form **8868**

(December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545 1709

IIITEILIGI KAAGIIUS	3 DELYICO	···	
 If you are 	filing for an Automatic 3-Month Extension, c filing for an Additional (not automatic) 3-Mon at complete Part II unless you have already bea	nth Extension, complete only P	art II (on page 2 of this form)
Part I	Automatic 3-Month Extension of Time-	-Only submit original (no con	ues needed)
	990-T corporations requesting an automatic 6-m		
	rporations (including Form 990-C filers) must u		
returns Par	tnerships, REMICs and trusts must use Form t	8736 to request an extension of t	time to file Form 1065, 1066, or 1041
Type or	Name of Exempt Organization		Employer identification number
print	ABILITY SCHOOL INC		13 2769303
File by the	Number, street, and room or suite no. If a P.O. bo	ox see instructions	
due date for	192 WEST DEMAREST	A	
filing your return See instructions	City, town or post office, state, and ZIP code For ENGLEWOOD, NJ 076:	r a foreign address see instructions	
Charle toma	of return to be filed (file a separate application		
			☐ Form 4720
Form 99		rporation) c 401(a) or 408(a) trust)	Form 5227
Form 99		st other than above)	☐ Form 6069
Form_99	· · · · · · · · · · · · · · · · ·		Form 8870
	anization does not have an office or place of b	ousiness in the United States, ch	eck this box ▶ □
	or a Group Return, enter the organization's fou		
for the who	ole group check this box ▶□ If it is for pa	art of the group, check this box	▶ ☐ and attach a list with the
	EINs of all members the extension will cover		
to file ► □	est an automatic 3-month (6-month, for 990 the exempt organization return for the organization calendar year 20 or tax year beginning SERT!	ation named above. The extension	ime until . APRIL .15. , 2002 on is for the organization's return for
2 If this	tax year is for less than 12 months, check reas	son 🔲 Initial return 🔲 Final	return 🔲 Change in accounting period
	application is for Form 990-BL, 990-PF, 990- fundable credits. See instructions	T, 4720, or 6069, enter the tent	ative tax, less any
	application is for Form 990-PF or 990-T, enter Include any prior year overpayment allowed a		ated tax payments
c Balan with f instruc	ce Due. Subtract line 3b from line 3a Include FTD coupon or, if required by using EFTPS ctions	your payment with this form, or, 5 (Electronic Federal Tax Payn	ıf required, deposit nent System) See
	Signatus of perjury I declare that I have examined this form included, and complete and that I am authorized to prepare this f		ents and to the best of my knowledge and belief
Signature ►	Stephen Workman	Title - Accountant	Date > 1/7/02
For Paperwo	ork Reduction Act Notice, see Instruction	Cat. No 27916D	Form 8868 (12 2000)