

**Return of Organization Exempt From Income Tax**

**2002**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2002 calendar year, or tax year beginning** January 01, 2002, and ending DEC. 31, 20 02

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Ability School of UTAH	<b>D Employer identification number</b> 87-0517862
		<b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 913 E. Syrena Circle	<b>E Telephone number</b> (801) 908-7347
		<b>City or town, state or country and ZIP + 4</b> Sandy, Utah 84094	<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

**G Web site** ▶ n/a

**J Organization type** (check only one) ▶  501(c)(3) (insert no)  4947(a)(1) or  527

**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 without financial data. Some states require a complete return.

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 166411

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	4696		
	<b>b</b> Indirect public support	<b>1b</b>	0		
	<b>c</b> Government contributions (grants)	<b>1c</b>	0		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		4696	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		155175	
	<b>3</b> Membership dues and assessments	<b>3</b>		0	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		29	
	<b>5</b> Dividends and interest from securities	<b>5</b>		0	
	<b>6a</b> Gross rents	<b>6a</b>	0		
	<b>b</b> Less rental expenses	<b>6b</b>	0		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		0	
<b>7</b> Other investment income (describe ▶)	<b>7</b>		0		
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	0	(B) Other	0
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>	0	<b>8b</b>	0
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	0	<b>8c</b>	0
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		0	
Revenue	<b>9</b> Special events and activities (attach schedule)				
	<b>a</b> Gross revenue (do not include \$ 4631 of contributions reported on line 1a)	<b>9a</b>	6511		
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	65		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		6446	
Revenue	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	0		
	<b>b</b> Less cost of goods sold	<b>10b</b>	0		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		0	
Revenue	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		0	
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		166346	
	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		209720	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		2639	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		0	
Expenses	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		0	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		212359	
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		(46013)	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		23443	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		(22570)	

**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 page 21 of the instructions.)

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	19904	19904		
26	Other salaries and wages	23303	21777	1526	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	4971	4854	117	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	33202	32206	996	
34	Telephone	1805	1805		
35	Postage and shipping				
36	Occupancy	55906	55906		
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings	200	200		
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	6879	6879		
43	Other expenses not covered above (itemize) a				
b	advertising	9139	9139		
c	license fees	9009	9009		
d	shld. imprv. abandonment loss	48541	48541		
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	212359	209720	2639	

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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 page 24 of the instructions)**

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
Education .. .. . All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a 50 students K-12 grade with 90% of students reading above grade level and 50% doing math above grade level. Drop-outs rescued. Students complete with competence. (Grants and allocations \$ _____ )	209720
b (Grants and allocations \$ _____ )	
c (Grants and allocations \$ _____ )	
d (Grants and allocations \$ _____ )	
e Other program services (attach schedule) (Grants and allocations \$ _____ )	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>209720</b>

**Part IV Balance Sheets** (See page 24 of the instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash—non-interest-bearing		4901	45	6529	
	46	Savings and temporary cash investments		42	46	43	
	47a	Accounts receivable	47a   19026	24836	47c	19026	
	b	Less allowance for doubtful accounts	47b   0				
	48a	Pledges receivable	48a		48c		
	b	Less allowance for doubtful accounts	48b				
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes and loans receivable (attach schedule)	51a		51c		
	b	Less allowance for doubtful accounts	51b				
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments—securities (attach schedule) <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>			54		
	55a	Investments—land, buildings, and equipment basis	55a		55c		
	b	Less accumulated depreciation (attach schedule)	55b				
	56	Investments—other (attach schedule)			56		
	57a	Land, buildings, and equipment basis	57a   6738		57c		
	b	Less accumulated depreciation (attach schedule)	57b   2407				
	58	Other assets (describe ▶ <u>Rounding</u> )		59750	58	(1)	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		89529	59	29928		
<b>Liabilities</b>	60	Accounts payable and accrued expenses			60		
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		66086	63	52498	
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe ▶ _____ )			65		
66	<b>Total liabilities</b> (add lines 60 through 65)		66086	66	52498		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		23443		67	(22570)
	68	Temporarily restricted				68	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		23443	73	(22570)	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		89529	74	29928		

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 Revenue per Audited Financial Statements with Revenue per Return** (See page 26 of the instructions)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements ▶	a	n/a
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) _____		
	\$ _____		
	Add amounts on lines (1) through (4) ▶	b	n/a
c	Line a minus line b ▶	c	n/a
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) _____		
	\$ _____		
	Add amounts on lines (1) and (2) ▶	d	n/a
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	n/a

a	Total expenses and losses per audited financial statements ▶	a	n/a
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) _____		
	\$ _____		
	Add amounts on lines (1) through (4) ▶	b	n/a
c	Line a minus line b ▶	c	n/a
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) _____		
	\$ _____		
	Add amounts on lines (1) and (2) ▶	d	n/a
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	n/a

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributors to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Dawn Gordon 1144 W. 3300 So. SIC, Utah	Pres. 3hrs. Ex. Dir. 40hrs.	0 13300	0 0	0 0
Phil Parke 1144 W. 3300 So. SIC, Utah	V. Pres.	0	0	0
Lora Mengucci 1144 W. 3300 So. SIC, Utah	Officer	0	0	0
Cairia Tauffer 1144 W. 3300 So. SIC, Utah	Sec/Treas. Teacher	0 6104	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 26 of the instructions

**Part VI Other Information** (See page 27 of the instructions)

		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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	n/a	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	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?		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 direct or indirect political expenditures. See line 81 instructions. <b>81a</b>   0		
b	Did the organization file Form 1120-POL for this year?		X
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?		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 in Part III) <b>82b</b>   n/a		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	n/a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Na	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	n/a	
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	n/a	
c	Dues, assessments, and similar amounts from members <b>85c</b>   n/a		
d	Section 162(e) lobbying and political expenditures <b>85d</b>   n/a		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b>   n/a		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>   n/a		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	n/a	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	Na	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 <b>86a</b>   n/a		
b	Gross receipts, included on line 12, for public use of club facilities <b>86b</b>   n/a		
87	501(c)(12) orgs Enter a Gross income from members or shareholders <b>87a</b>   n/a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87b</b>   n/a		
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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911   0, section 4912   0, section 4955   0		
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization   0		
90a	List the states with which a copy of this return is filed   n/a		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions) <b>90b</b>   5		
91	The books are in care of   Pawn Gordon Telephone no   (801) 908-7347 Located at   913 E. Syrena Circle Sandy, Utah ZIP + 4   84094		
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   <b>92</b>   n/a		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note: 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					155175
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			14	29	
96 Dividends and interest from securities					
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					6446
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		29	161621
105 Total (add line 104, columns (B), (D), and (E))					161650

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 page 32 of the instructions)

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)
93	This 501(c)3 organization operates a school k-12. Tuition and fees are charged to provide students a quality education and to furnish them with proper materials etc. Fundraisers are run for library books, new bldg. and sports equipment

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(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 page 33 of the instructions)

- (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)

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

Please Sign Here  
 Signature of officer: Dawn Gordon  
 Date: 126 mar 03  
 Type or print name and title: Dawn Gordon President

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address and ZIP + 4: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone no: \_\_\_\_\_

**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

**2002**

**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 <p style="text-align:center">Ability School of Utah</p>	Employer identification number <p style="text-align:center">87 0517862</p>
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**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 2 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** (See page 2 of the instructions)

	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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) 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.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?	X	
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V Form 990	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>Note:</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.		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 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)
- 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

N/A

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	▶	26b		
c Total support for section 509(a)(1) test Enter line 24, column (e)	▶	26c		
d Add Amounts from column (e) for lines 18 _____ 19 _____		26d		
22 _____ 26b _____	▶	26e		
e Public support (line 26c minus line 26d total)	▶	26e		
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f		%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year

(2001) . . . . . (2000) . . . . . (1999) . . . . . (1998) . . . . .	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) Do not file this list with your return 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	
(2001) . . . . . (2000) . . . . . (1999) . . . . . (1998) . . . . .	

c Add Amounts from column (e) for lines 15 _____ 16 _____		27c	
17 _____ 20 _____ 21 _____	▶	27d	
d Add Line 27a total _____ and line 27b total _____	▶	27e	
e Public support (line 27c total minus line 27d total)	▶	27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 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?	X	
30 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?	X	
31 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 ) newspaper - Salt Lake Tribune	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34a Does the organization receive any financial aid or assistance from a governmental agency?		X
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		X
35 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	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" 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 )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table—	41	
If the amount on line 40 is— The lobbying nontaxable amount is—			
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			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

**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 11 of the instructions )

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	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 11 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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	0

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



Ability School of Utah  
EIN 87-0517862  
Form 990 2002

In regards to 990, page 5, question 79 As of the end of 2002, the building that the leasehold improvements were made on, was no longer being leased by our organization Our organization had incurred debt to enable it to pay for various building situations dictated by building codes Then, the landlord reneged on his promise to repair the building's furnace, so, our organization had to move because there was no heat whatsoever in the building, hence, our organization had to write-off as an abandonment loss, the remaining book value of the leasehold improvements, which loss was \$48 541

Ability School of Utah  
EIN 87-0517862  
Form 990 2002

Information for line 63-loans from officers, directors, trustees and key employees, also information for Schedule A, page 2, line 2b

Lender's name	Dawn Gordon
Original amount	\$68,000 00
Balance Due	\$52,498 00
Date of Note	January 1999
Maturity Date	5 Years
Repayment Terms	\$500 00 per month until paid in full
Interest Rate	Waived
Security Provided	None
Purpose	Remodel building, operating expenses
Consideration	Cash

The IRS prescribed "blended annual rate" for this loan is 4.94%, which is the rate of imputed interest (deemed "foregone" interest). The imputed benefit to the organization is \$2929, which is 4.94% of the average of the beginning and year-end loan balances.

Ability School of Utah  
EIN 87-0517862  
Form 990 2002

In regards to Schedule A, page 2, Line 2d Elizabeth Gordon is the daughter of Dawn Gordon and was paid wages of \$9801 by the organization for services rendered to the organization as an employee

Ability School of Utah  
 Special Events Schedule  
 EIN 87-0517862  
 Form 990 2002

Special Event	Spaghetti Dinner	Catalog Fundraiser	Golf Tourn	Remaining Events	Total
Gross Receipts	1000 00	1808 97	5956 00	2377 00	11141 97
Less Contribution	500 00	1308 97	1645 00	1177 20	4631 17
Gross Revenue	500 00	500 00	4311 00	1199 80	6510 80
Less Direct Exp	65 00	0 00	0 00	0 00	65 00
Net Income	\$435 00	\$500 00	\$4311 00	\$1199 80	\$6445 80

Notes

Spaghetti Dinner contribution amount reflects a one-time donation during the event Golf  
 Tournament contribution amount was calculated as 47 green fees at \$35 00 apiece



ABILITY SCHOOL OF UTAH  
ACCOUNTS RECEIVABLE AS OF DEC 31, 2002

Albawi	14 00
Behunin	635 00
Fordham	1916 12
Greenland	280 00
Hall	375 00
Hess, Amy	2455 00
Hess, Greg	497 00
Lucas	400 00
Madsen	500 00
Markovich, L	596 00
Markovich, J	1452 00
Mecham, B	1386 00
Olsen	1075 00
Pech	475 00
Plaskett	3820 00
Reed	375 00
Rock	525 00
Strode	500 00
Woolstenhulme	500 00
Wright,M	450 00
Wright, T	800 00
Total	19026 12

Ability School of Utah  
Depreciation Schedule  
2002

	Furniture/Fixture	Leasehold Improvements	Abandonment Write-off	Total
Asset Balance end of 2001	6,738	67,000	(67,000)	6,738
Acquired 2002	<u>0</u>	<u>0</u>		
Total Asset Amount	<u>6,738</u>	<u>67,000</u>	<u>(67,000)</u>	<u>6,738</u>
Depreciation 2002*	963	4,786		5,749
Depreciation 2002 (Catch-up)	<u>1,130</u>			<u>1,130</u>
Total depreciation for 2002	<u>2,093</u>	<u>4,786</u>		<u>6,879</u>
Asset Balance	6,738	67,000	(67,000)	6,738
Less accumulated depreciation	<u>2,407</u>	<u>18,459</u>	<u>(18,459)</u>	<u>2,407</u>
Total asset Balance	<u>4,331</u>	<u>48,541</u>	<u>(48,541)</u>	<u>4,331</u>

\* This amount was calculated using straight-line 7 year, half year convention for the first year of service which was 2000

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

▶ 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 <i>Ability School of Utah</i>	Employer identification number <i>87 0517862</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>913 E. Syrena Circle</i>	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions. <i>Sandy, Utah 84094</i>	

**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) 5171. 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 Aug 15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2002 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 FTD 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 ▶ *Dawn Gordon* Title ▶ *Exec Dir.* Date ▶ *12 May 2003*

# Extension of Time to File an Exempt Organization Return

The only organization this  
extension applies to is:

Ability School of Utah  
87-0517862

- 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 <i>Ability Schools of Utah</i>	Employer identification number <i>87 0517862</i>
	Number, street and room or suite no. If a P.O. box see instructions <i>913 E. Susana Circle</i>	For IRS use only
	City or town, or post office, state, and ZIP code For a foreign address see instructions <i>Sunday, Utah 84094</i>	

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 *Nov 15*, 2003
- 5 For calendar year *2002* or other tax year beginning \_\_\_\_\_, 20 and ending \_\_\_\_\_, 20
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension *Additional time is needed for review of this return by accountants and legal counsel*

- 8a 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, 990-T, 4720 or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due** Subtract line 8b from line 8a. 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 \$ *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 *Dustin Gordon* Title *Exec. Dir.* Date *Aug 13 2003*

**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 other than those 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

Director \_\_\_\_\_ By \_\_\_\_\_ 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
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)