

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2003

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 2003 calendar year, or tax year beginning 9/1/2003, and ending 8/31/2004

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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

C Name of organization

ABILITY APPLE SCHOOL

Number and street (or P.O. box if mail is not delivered to street address)

192 W DEMAREST AVE

City or town

State or country

ZIP + 4

ENGLEWOOD

NJ

07631

D Employer identification number

13-2769303

E Telephone number

F Accounting method

☒ Cash☐ Accrual☐ Other (specify)

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

H and I are not applicable to section 527 organizations

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 instructions.)

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

I Group Exemption Number

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 510,766

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

1 Contributions, gifts, grants, and similar amounts received:

a Direct public support

1a 25,000

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 25,000 noncash \$)

1d 25,000

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 469,841

3 Membership dues and assessments

3 0

4 Interest on savings and temporary cash investments

4 0

5 Dividends and interest from securities

5 344

6 a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 0

7 Other investment income (describe)

7 0

8 a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

0 8a 0

0 8b 0

0 8c 0

Less: cost or other basis and sales expenses

Gain or (loss) (attach schedule)

Net gain or (loss) (combine line 8c, columns (A) and (B))

8d 0

9 Special events and activities (attach schedule). If any amount is from gaming, check here

a Gross revenue (not including \$ 25,000 of

9a 15,581

contributions reported on line 1a)

9b 2,097

Less: direct expenses other than fundraising expenses

9c 13,484

b Net income or (loss) from special events (subtract line 9b from line 9a)

10 a Gross sales of inventory, less returns and allowances

10a

Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c 0

11 Other revenue (from Part VII, line 103)

11 0

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 508,669

13 Program services (from line 44, column (B))

13 469,411

14 Management and general (from line 44, column (C))

14 21,423

15 Fundraising (from line 44, column (D))

15 4,638

16 Payments to affiliates (attach schedule)

16 0

17 Total expenses (add lines 16 and 44, column (A))

17 495,472

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 13,197

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 122,667

20 Other changes in net assets or fund balances (attach explanation)

20 4,793

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 140,657

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JAN 13 2005

ANNOUNCED

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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 22 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 \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	50,000	44,250	5,750	
26	Other salaries and wages	146,262	146,262		
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	19,725	19,725		
30	Professional fundraising fees	0			
31	Accounting fees	1,250		1,250	
32	Legal fees	2,485		2,485	
33	Supplies	31,654	31,654		
34	Telephone	8,270	8,270		
35	Postage and shipping	6,046	6,046		
36	Occupancy	56,774	56,774		
37	Equipment rental and maintenance	6,202	6,202		
38	Printing and publications	1,400	1,400		
39	Travel	5,250	5,250		
40	Conferences, conventions, and meetings	1,086	1,086		
41	Interest	0			
42	Depreciation, depletion, etc (attach schedule)	5,876	5,876		
43	Other expenses not covered above (itemize) a	0			
b	See Attached Worksheet	153,192	136,616	11,938	4,638
c		0			
d		0			
e		0			
f		0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	495,472	469,411	21,423	4,638

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 \$ 0, (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 25 of the instructions)

What is the organization's primary exempt purpose? ☐

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.)

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 ARE ATTRIBUTABLE TO SCHOOL PROGRAMS	
	(Grants and allocations \$)	469,411
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)	469,411

Part IV Balance Sheets (See page 25 of the instructions.)

Note: 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
Assets	45 Cash—non-interest-bearing	4,443	45	14,282
	46 Savings and temporary cash investments	98,464	46	106,284
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	0 47c	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	0 48c	0
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	7,263	50	5,698
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0 51c	0
	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	0	54	0
	55 a Investments—land, buildings, and equipment basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0 55c	0
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment basis	57a 65,751			
b Less: accumulated depreciation (attach schedule)	57b 55,358	8,497 57c	10,393	
58 Other assets (describe <input type="checkbox"/> SECURITY DEPOSITS)	4,000	58	4,000	
59 Total assets (add lines 45 through 58) (must equal line 74)	122,667	59	140,657	
Liabilities	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)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/>)	0	65	0
66 Total liabilities (add lines 60 through 65)	0	66	0	
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		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	122,667	72	140,657
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	122,667	73	140,657
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	122,667	74	140,657

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 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	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	0
c	Line a minus line b	c	0
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	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	0

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

a	Total expenses and losses per audited financial statements	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	0
c	Line a minus line b	c	0
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	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	0

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 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) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name K REGENSBURG Str 192 W DEMAREST City ENGLEWOOD ST NJ ZIP 07631	Title DIR/HD OF SC Hr/WK 40 HOURS	23,000	0	0
Name L MYERS Str 192 W DEMAREST City ENGLEWOOD ST NJ ZIP 07631	Title VP DISSEM Hr/WK 40 HOURS	14,000	0	0
Name J MARAZZO Str 192 W DEMAREST City ENGLEWOOD ST NJ ZIP 07631	Title TREASURER Hr/WK 40 HOURS	13,000	0	0
Name R BEATY Str 192 W DEMAREST City ENGLEWOOD ST NJ ZIP 07631	Title DIRECTOR Hr/WK 2	0	0	0
Name D COFFINO Str 192 W DEMAREST City ENGLEWOOD ST NJ ZIP 07631	Title DIRECTOR Hr/WK 2	0	0	0
Name P VISAGGIO Str 192 W DEMAREST City ENGLEWOOD ST NJ ZIP 07631	Title DIRECTOR Hr/WK 2	0	0	0
Name V CHEESEBORO Str 192 W DEMAREST City ENGLEWOOD ST NJ ZIP 07631	Title DIRECTOR Hr/WK 2	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			

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 28 of the instructions

Part VI Other Information (See page 28 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	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
78 a	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	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	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 in Part III)	82b	N/A
83 a	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
84 a	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	N/A
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	
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	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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?	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
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
90 a	List the states with which a copy of this return is filed <input type="text"/>		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	13
91	The books are in care of <input type="text" value="Name KARYN REGENSBURG"/> Telephone no <input type="text" value="201-871-8808"/> Located at <input type="text" value="192 W DEMAREST AVE"/> City <input type="text" value="ENGLEWOOD"/> ST <input type="text" value="NJ"/> Zip + 4 <input type="text" value="07631"/>		
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 <input type="text" value="92"/> N/A		

Part VII Analysis of Income-Producing Activities (See page 33 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 & AFTER SCHOOL					469,841
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					344
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	13,484	
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		13,484	470,185
105 Total (add line 104, columns (B), (D), and (E))					483,669

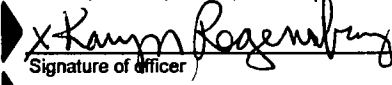
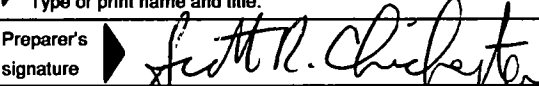
Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions)

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).
93A	Tuition provides qualified personnel and materials for proper education of the children.
95	Interest increases the school's endowment, the main purpose of which is to purchase a permanent building.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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)

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.			
	 Signature of officer		Date <u>12/30/04</u>	
	KARYN REGENSBURG Type or print name and title. HD OF SCHOOL			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	 Firm's name (or yours if self-employed), address, and ZIP + 4	12/27/2004		141-80-1439
	SCOTT R CHICHESTER 328 W 44TH ST, SUITE 22, NEW YORK, NY 10036		EIN	Phone no. (212) 977-0065

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2003▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

ABILITY APPLE SCHOOL

13-2769303

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
Name Str NONE ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
Name Str ----- City ST Zip Country	Title Avg hr/wk			
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
Name NONE Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Name Check here if a business <input type="checkbox"/> Str ----- City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

(HTA)

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** 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 ► \$ 0 (Must equal amounts on line 38, Part VI-A, or line i 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.
- 2** 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.)
- a** Sale, exchange, or leasing of property? **2a** X
- b** Lending of money or other extension of credit? **2b** X
- c** Furnishing of goods, services, or facilities? **2c** X
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PT. V, FORM 990 **2d** X
- e** Transfer of any part of its income or assets? **2e** X
- 3 a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) **3a** X
- b** Do you have a section 403(b) annuity plan for your employees? **3b** X
- 4** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? **4** X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 ► City ST Country
- 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.)
- 11 a** ☐ 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.)
- 11 b** ☐ 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 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					0
16 Membership fees received					0
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					0
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					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	0

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
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 1999 through 2002 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	0
d Add: Amounts from column (e) for lines: 18 0 19 0	26d	0
22 0 26b 0	26e	0
e Public support (line 26c minus line 26d total)	26f	0 00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

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:	(2002)	(2001)	(2000)	(1999)
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:	(2002)	(2001)	(2000)	(1999)
c Add: Amounts from column (e) for lines: 15 0 16 0	17 0	20 0	21 0	
d Add: Line 27a total 0 and line 27b total 0				
e Public support (line 27c total minus line 27d total)				
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	0		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	0 00%		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0 00%		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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?	29 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?	30 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.) It is on the website, and it has appeared in print advertisements for the solicitation of new students	31 X	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d 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?	33a	X
b Admissions policies?	33b	X
c Employment of faculty or administrative staff?	33c	X
d Scholarships or other financial assistance?	33d	X
e Educational policies?	33e	X
f Use of facilities?	33f	X
g Athletic programs?	33g	X
h Other extracurricular activities?	33h	X
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	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	34b	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	35	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)

Check ☐ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
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.)			0

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

Schedule A (Form 990 or 990-EZ) 2003

Line 1a (990) - Direct public support

1	Contributions	1	25,000
2	Non Cash Contributions	2	
3	Special events contributions (Line 9 - Special Events)	3	0
4	-----	4	
5	-----	5	
6	-----	6	
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	25,000

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Bike A Thon	-----	-----	-----	
1a Number of special events	1	-----	-----	-----	
2 Gross receipts	15,581	-----	-----	-----	2 15,581
3 Less contributions	-----	-----	-----	-----	3 0
4 Gross revenue	15,581	0	0	0	4 15,581
5 Less direct expenses	2,097	-----	-----	-----	5 2,097
6 Net income or (loss)	13,484	0	0	0	6 13,484

Line 20 (990) - Other changes in net assets or fund balances

1	CUMULATIVE ACCOUNTING ADJUSTMENT	1	4,793
2	-----	2	
3	-----	3	
4	-----	4	
5	-----	5	
6	-----	6	
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	4,793

Line 50 (990) - Receivables from officers, directors, trustees and key employees

	Borrower's name	Title	Original amount	Balance due beginning of year	Balance due end of year
1	Mary Miller	Dir. (Former)		1,449	0
2	Mary Ann Hoffman	Dir. (Former)		300	0
3	Megan Miller	Employee		3,214	3,598
4	Karyn Regensburg	Officer		2,100	2,100
5	Joan Morazzo	Bus. Mgr		200	
6					
7					
8					
9					
10					
11					
12					
13					
14	Totals	14	0	7,263	5,698

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description	FMV of consideration
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Line 55 (990) - Investments land, buildings, and equipment

	Land (net of any amortization)	Land (net of any amortization)	
		Beginning	End
1			
2			
3			
4			
5			
6	Total land (net of any amortization)	0	0

	Buildings and equipment	Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	VEHICLE	12,720		12,720	
8	FURNITURE & FIXTURES	12,026		10,544	
9	IMPROVEMENTS	13,338		10,432	
10	LIBRARY	1,300		910	
11	VEHICLE 2	18,595		14,876	
12					
13					
14					
15					
16					
17	Total buildings and equipment	57,979	0	49,482	0
18	Buildings and equipment (less accumulated depreciation)			8,497	0
19	Total land, buildings and equipment			8,497	0

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)				Land (net of any amortization)			
				Beginning		End	
1				1			
2				2			
3				3			
4				4			
5				5			
6	Total land (net of any amortization)			6	0		0

Buildings and equipment				Buildings and equipment				Accumulated depreciation			
				Beginning		End		Beginning		End	
7	VEHICLE	7		12,720		12,720		12,720		12,720	
8	FURNITURE & FIXTURES	8		12,026		12,026		10,544		10,544	
9	IMPROVEMENTS	9		13,338		13,338		10,432		10,432	
10	LIBRARY	10		1,300		1,300		910		910	
11	VEHICLE 2	11		18,595		18,595		14,876		18,595	
12	COMPUTER LAB	12		0		4,523		0		1,507	
13	PLAYGROUND	13		0		3,249		0		650	
14		14									
15		15									
16		16									
17	Total buildings and equipment	17		57,979		65,751		49,482		55,358	
18	Buildings and equipment (less accumulated depreciation)	18						8,497		10,393	
19	Total land, buildings and equipment	19						8,497		10,393	

Category or Item				Cost/Other Basis		Accumulated Depreciation		Book Value	
1		1							
2		2							
3		3							
4		4							
5		5							
6		6							
7		7							
8		8							
9		9							
10		10							
11	Total	11		0		0		0	

Line 58 (990) - Other assets

				Beginning		End	
1	SECURITY DEPOSITS	1		4,000		4,000	
2		2					
3		3					
4		4					
5		5					
6		6					
7		7					
8		8					
9		9					
10		10					
11	Total other assets	11		4,000		4,000	

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Line 43 - Other Expenses	Pgm Services	Mgt & General	Fundraising
Field Trip	8,096		
Bank Fees	1,004		
Book Store Items	1,202		
Events Expense	3,473		
Insurance		11,938	
Paydown of Accruals			
Licenses & Permits	191		
Licensing Royalties & Fees	50,908		
Expense Reimbursements	5,633		
Mktg/Promo Other	12,313		
Expense Reimbursements	63		
Office Exp	12,823		
Subcontractors	5,954		
Payroll Service	1,237		
Repairs & Maintenance	8,892		
Staff Welfare	3,245		
Utilities	3,091		
Miscellaneous Expense	7,523		4,638
Meals & Entertainment	304		
Automobile Expense	10,663		
	<hr/>	<hr/>	<hr/>
	136,616	11,938	4,638