Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No 1545-1150 2004

Open to Public Inspection

AI	A For the 2004 calendar year, or tax year beginning , 2004, and ending				ending	, 20				
	Check of a		Please	C Name of organization			-	Employer identification number		
=	Address o	•	use IRS label or	Ability Plus Academy of Colorado, Inc			84	13288	101	
===	Name cha initial refu	•	print or	Number and street (or P.O. box, if mail is not delivered	to street address)	Room/suite	E Teleph	lephone number		
≍	Final retur		type. See	3286 S. Wadsworth Blvd			(303) 781	-8071	
==	Amended		Specific Instruc-	City or town, state or country, and ZIP + 4			F Group	Exemp	otion	
旦	Applicatio	on pending	tions.	Lakewood, CO 80227-5002				er		
	 Section 	on 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trust	s must attach	G Acco	unting me	thod:	Cash Accrual	
			а соп	npleted Schedule A (Form 990 or 990-EZ).	· · · · · · · · · · · · · · · · · · ·	Other	r (specify)	<u> </u>	 	
		. anlus	sco.or	۹		H Chec	k ▶ 🗹	ıf the o	rganization	
-	Websit	····		······································		1	t required			
7	Organiz	zation type (d	check or	nty one)— ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a	a)(1) or LJ 527	Sche	dule B (Fo	m 990,	, 990-EZ, or 990-PF)	
				on's gross receipts are normally not more than \$25						
				1 990 Package in the mall, it should file a return with						
				ne 9 to determine gross receipts; f \$100,000 or more,				▶ \$	40401	
	art I			nses, and Changes in Net Assets or Fu	ind Balances	(See pag	e 37 or			
	1			· -				1	5527	
	2	_		revenue including government fees and contra	icts , .	· · · ·		2	33512	
	3		•	s and assessments				3		
	4	Investment	_					4		
	5a			m sale of assets other than inventory	1 1	· - · · · · · · · · · · · · · · · · · ·				
	b			er basis and sales expenses				E.		
<u>o</u>	C			n sale of assets other than inventory (line 5a l			-	_5c		
ם	6			d activities (attach schedule). If any amount is fro		eck here	▶ ⊔ ¦			
Revenue	a	_		ot including \$ of contribu	1 6 1		1088			
E	1	reported o		•	1 1					
				nses other than fundraising expenses			1204	6-	-116	
	RE			ss) from special events and activities (line 6a			274	6c	-110	
	//a_			ventory, less returns and allowances	11		205			
_	1	b Less: cost of goo						7c	69	
697	ge	Other reve		ss) from sales of inventory (line 7a less line 7t				8		
_	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				9	38992	
_				ramounts paid (attach schedule)				10		
	11	Bonofite n	and to c	or for members			• •	11		
ø	12							12	3950	
38	13			and other payments to independent contract	ore		• •	13	833	
Expenses	14			utilities, and maintenance			• •	14	15369	
Щ	15						• •	15	2698	
	16	Other exp	enses (describe ► see additional statement				16	12729	
	17			add lines 10 through 16)			. ▶	17	35579	
5 2	18) for the year (line 9 less line 17)				18	3413	
Net Assets	19			nd balances at beginning of year (from line 2						
Ą	1			reported on prior year's return)				19	-16358	
<u>ĕ</u>	20			net assets or fund balances (attach explanati				20		
_	21			d balances at end of year (combine lines 18 t			. ▶	21	-12945	
P	art II	Balance	Sheet	s—If Total assets on line 25, column (B) are \$	250,000 or mo	re, file Forr	n 990 ins	tead o	f Form 990-EZ.	
			(\$	See page 40 of the instructions.)		(A) Be	ginning of y		(B) End of year	
22	2 Cas	h, savings, a	and inv	restments			1	78 22	982	
23	3 Land	d and buildi	ngs .			 		23		
24	Othe	er assets (de	escribe	Accounts Receivable & Fixed Assets)			30 24		
25	Tota	al assets .						08 25		
26			(descrit	De Accounts Payable)	ļ		66 26		
27				alances (line 27 of column (B) must agree with			-163	58 27	-12945	
Fo	r Privac	y Act and Pa	арегию	rk Reduction Act Notice, see the separate instru	ctions. Cat. !	No. 106421			Form 990-EZ (2004)	

Form 990-EZ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				84-13.	180	001	Page 2
Part III	Statement of Program Service Accom	plishments (See pag	ge 41 of the i	nstructio	ins.)	/Por	Expense	
	e organization's primary exempt purpose?						uired for 5 (4) organı	
	that was achieved in carrying out the organization					and	4947(a)(1)	trusts,
	e services provided, the number of persons be		nt information to	or each p	rogram title.	opu	onal for oth	ers.)
28 Educa	ational Services-Kindergarten through 8th	grade				1		
Numb	er of students= 23							
	(Grants \$							31876
29						1		
]		
			(Grants \$			29a		
30						-		
			(Grants \$)	30a		
31 Other p	orogram services (attach schedule)		. (Grants \$)	31a		
32 Total p	program service expenses (add lines 28a th	rough 31a)			>	32		31876
Part IV	List of Officers, Directors, Trustees, and Key	Employees (List each or	ne even if not co	mpensate	d. See page 4	1 of th	e instructio	ns.)
	(A) Name and address	(B) Title and average hours per week	(If no	pensation t paid,	(D) Contribute employee benefit	plans &		t and
laanatta.	Danka	devoted to position	erne	r -0)	deterred compe	isauon	other allo	wances
Jeanette		Dir/Pres40 hrs	1	2000		0		0
	ee Ct., Lakewood, CO 80227	 			 		<u> </u>	
Laura Le 8708 Sno	owbird Way, Parker, CO 80134	Corp Sec/Treas-1h	r	0		0		0
	Charlie Parker 14824 E. Colgate Dr., Aurora, CO 80014 Dir/VP1hr 0							0
Part V	Other Information (Note the attachme	ent requirement in (General Instr	uction V	page 14)		Y	es No
						h octio		1
	ne organization engage in any activity not previously any changes made to the organizing or governing docum							17
		-					-	
	organization had income from business activi	· ·				-	1	
	eported on Form 990-T, attach a statement ex							1
	e organization have unrelated business gross incom		133(e) notice, rep	porting, an	a proxy tax red	uirem	ents?	N/17
	es," has it filed a tax return on Form 990-T form					• •	·• -	17/7
	there a liquidation, dissolution, termination, or s					tateme	^{≆nt.)} 0 ├	- • -
	amount of political expenditures, direct or in-		the instruction	ıs. 🕨 L	5/a			1,
	he organization file Form 1120-POL for this	~					· ·	
	he organization borrow from, or make any k					r were	any	
	loans made in a prior year and still unpaid a	•	•				·: }-	V
b if "Ye	s," attach the schedule specified in the line 38 i	instructions and enter t	he amount invo		38b		N/H	j
39 501(c	c)(7) organizations. Enter: a Initiation fees and	a capital contributions	included on li	"10 J	39a		N/A	ł
b Gros	s receipts, included on line 9, for public use	of club facilities .		હ	39Ь		N/A	ł
40a 501(c)(3) organizations. Enter: Amount of tax imposed o	n the organization during	g the year under	r.				- {
section	on 4911 ▶ ; section 49	312	0; sec	tion 4955	>		0	
b 501(c	c)(3) and (4) organizations. Did the organizatio	n engage in anv secti	on 4958 exces	s benefit	t transaction	durino	the !	1
	or did it become aware of an excess benefit							
	int of tax imposed on organization managers or dis-	·	-		•			0
	r: Amount of tax on line 40c, above, reimburs		-	-	>			0
	he states with which a copy of this return is file							
42 The I	books are in care of Ability Plus Acaden	ny of Colorado, Inc		Telep	hone no.	(303) 781-807	71
Loca	ted at ▶ 3286 S. Wadsworth Blvd., Lakew	ood, CO					27-5002	
43 Secti	ion 4947(a)(1) nonexempt charitable trusts fili enter the amount of tax-exempt interest rece	ng Form 990-EZ in lie	eu of Form 10	41—Che	ck here			
	Under penalties of perjury, I declare that I have exami				► 43	d to the	boot of much	racudodoo
	and belief, it is true, correct, and complete. Declarat	ion of preparer (other than	officer) is based of	on all inforr	nation of which	prepar	er has any k	nowledge.
Please	Gennette Banker			1	25	0.	1 100-	
Sign		 			<u></u>	$\mathcal{Z}_{\mathcal{C}}X$	- 705	
Here	Signature of officer			1	Date			
	Jeanette Banks, President							
	Type or print name and title.		T:	Tall				
Paid	Preparer's		Date	Check if	Prepar	er's SSN	or PTIN (See (Gen Inst W)
Preparer's	signature	 	L	employed				
Use Only	Firm's name (or yours if self-employed),				IN ▶			
	address, and ZIP + 4			ĺs	Phone no. 🕨 ()		

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the or	_			Employer identification	tion number
	s Academy of Colorado, Inc			84 1328801	
Part i	Compensation of the Five High (See page 1 of the instructions. I	est Paid Employees Ot List each one. If there are	ther Than Office e none, enter "N	e rs, Directors, a None.")	nd Trustees
(a) Name a	nd 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				}	
		,			
		!			
				[
				}	
•				,	
AEC 000	er of other employees paid over				
Part II	Compensation of the Five High	est Paid Independent 0	Contractors for	Professional Se	ervices
	(See page 2 of the instructions. Lis				
(a) Na	ume and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None					
			,		
<u>-</u>					
			_		
			i		
					
				ł	
Total number	r of others receiving over \$50,000 for				

Sche	dule A	(Form 990 or 990-EZ) 2004 Ability Plus Academy of Colorado, Inc. 84-1328801	,	Page 2			
Pai	rt III		Y	es No			
1	atter or in Part Orga orga	ing the year, has the organization attempted to influence national, state, or local legislation, including any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid neutred in connection with the lobbying activities \$	1	1			
2	Duri subs with own	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority leer, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)					
b	Lend Furr Payr	e, exchange, or leasing of property? ding of money or other extension of credit? nishing of goods, services, or facilities? ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Part IV.	2a 2b 2c 2d v 2e	\frac{1}{1}			
3a b	Do y you Do y	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments)	3a 3b	√			
	on t	the use or distribution of funds?	4a 4b	1			
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)					
The	orgar	nization is not a private foundation because it is (Please check only ONE applicable box.)					
5 6 7 8 9		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii) (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital.					
10		and state ► An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sectio (Also complete the Support Schedule in Part IV-A)					
		An organization that normally receives a substantial part of its support from a governmental unit or from the genera 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)	l public.	Section			
11b 12	☐ / !	A community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from business that organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	than 3	31/3% of			
13	(An organization that is not controlled by any disqualified persons (other than foundation managers) and support described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 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 r from a		-			
	-			-			
14	- - -	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instruction Schedule A (Form 990)		70 000:			

Pa	rt IV-A Support Schedule (Complete only ex You may use the worksheet in the instructions	if you checked	a box on line 10	cado, Inc. 0, 11, or 12.) Use to the cash metho	cash meth	od of a	O/ Page 3
	endar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 200		(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.)		ļ	ļ			
16	Membership fees received			ļ			
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's chantable, 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				Í		
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			1	į.		
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 colur	mn (e), line 24.	▶	26a	
b	Prepare a list for your records to show the nam governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list with	ation) whose tota	al gifts for 2000 t	through 2003 exce	eded the	26b	
C	Total support for section 509(a)(1) test: Enter lir	-				26c	
d	Add Amounts from column (e) for lines: 18						
						26d	
e	Public support (line 26c minus line 26d total)				▶	26e	
f	Public support percentage (line 26e (numera					26f	%
27 b	Organizations described on line 12: a For person," prepare a list for your records to show to Do not file this list with your return. Enter the (2003)	he name of, and sum of such ar ed from each per	total amounts renounts for each (2001)	eceived in each year; year; disqualified person	ar from, eac (2000) _ s"), prepare	h "disqi	r your records to
	(Include in the list organizations described in lines to the difference between the amount received and amounts) for each year:	the larger amoun	t described in (1)	or (2), enter the s	um of these	differer	nces (the excess
	(2003) (2002)		. (2001)		. (2000) .		
C	Add. Amounts from column (e) for lines: 15		16 21	<u></u>	•	27c	
d						27d	
е	Public support (line 27c total minus line 27d tot	al)				27e	
f	Total support for section 509(a)(2) test: Enter an	nount from line 2	23, column (e) .	. ► 27f		_	
g	Public support percentage (line 27e (numerat					27g	%
<u>h</u>	Investment income percentage (line 18, colu					27h	<u>%</u>
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fi	h year, the nam	e of the contrib	utor, the date and	amount of	the gra	

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	✓	
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	1	
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?	31	1	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Lakewood Sentinel-published December 2004			
32	Does the organization maintain the following:	32a	1	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	324		-
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	✓	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	✓	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	1	
			j '	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
			ĺ ¹	
33	Does the organization discriminate by race in any way with respect to.		•	
а	Students' rights or privileges?	33a		✓
b	Admissions policies?	33b		✓
c	Employment of faculty or administrative staff?	33c		✓
d	Scholarships or other financial assistance?	33d		✓
e	Educational policies?	33e		✓
f	Use of facilities?	33f		✓
_	ANLL days are seen	33g		✓
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		_
	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?	34a		√
b	Has the organization's right to such aid ever been revoked or suspended?	34b		✓
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	1	

Sche	edule A (Form 990 or 990-EZ) 2004 Hoility fl	us Acadea	ny of Colo	rado.	Inc	84-	132	980/ Page 5
Pa	rt VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	ecting Public eligible organ	Charities (See ization that filed	page 9'o	f the in 68)	structio	ns.) 	N/A
<u>Che</u>	ck ▶ a ☐ If the organization belongs to an affilia	ated group Che	eck ▶ b 🗌 ify	ou checked	"a" and	"limited co	ntrol"	provisions apply
	Limits on Lobbyi	•			,	(a) Affiliated gr totals	oup	(b) To be completed for ALL electing
	(The term "expenditures" mea		_ 		26			organizations
36	Total lobbying expenditures to influence public		• •	I	36			
37	Total lobbying expenditures to influence a legis				38			
38	Total lobbying expenditures (add lines 36 and 3 Other exempt purpose expenditures .	•		• • •	39			
39 40	Total exempt purpose expenditures (add lines			• • •	40			
41	Lobbying nontaxable amount. Enter the amount		ing table—			-		
••	· -		able amount is—	}	1			
			ı lıne 40	1				
	Over \$500,000 but not over \$1,000,000 . \$100,000	000 plus 15% of t	he excess over \$5	00,000				
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	000 plus 10% of th	ne excess over \$1,0	00,000 }	41			
	Over \$1,500,000 but not over \$17,000,000. \$225,6	000 plus 5% of th	e excess over \$1,5	00,000				
	Over \$17,000,000 \$1,000	0,000		기				
42	Grassroots nontaxable amount (enter 25% of la	ine 41)		[42			
43	Subtract line 42 from line 36 Enter -0- if line 4	2 is more than li	ne 36		43			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than li	ne 38	}	44	 -		
	Caution: If there is an amount on either line 43	or line 44, you i	must file Form 47	20.				
	4-Year Ave	eraging Perio	d Under Section	n 501(h)				
	(Some organizations that made a section				of the fi	ve colum	ns be	low.
	See the instructions for							
		Lot	bying Expenditu	res During	4-Year	Averagin	g Pe	riod
	Calendar year (or	(a)	(b)	(c)		(d)		(e)
	fiscal year beginning in) ▶	2004	2003	2002		2001		Total
45	Lobbying nontaxable amount							
45	Lobbying nomaxable amount		<u> </u>					
46	Lobbying ceiling amount (150% of line 45(e))							
47_	Total lobbying expenditures							
48	Grassroots nontaxable amount		ļ					
			-					
49	Grassroots ceiling amount (150% of line 48(e))							
	_	,						
50	Grassroots lobbying expenditures							
Pa	rt VI-B Lobbying Activity by Nonelect (For reporting only by organization)			art VI-A) (See pa	ae 11 c	of the	instructions.)
Dur	ng the year, did the organization attempt to influ	·				<u> </u>		
	npt to influence public opinion on a legislative m					Yes	No	Amount
а	Volunteers						√	
b	- 11 · 12)		1	
C	Media advertisements					.]]	1	0
d	Mailings to members, legislators, or the public					.	V	0
е	Publications, or published or broadcast statement	ents				-	√	0
f	Grants to other organizations for lobbying purp					·	√	0
g	Direct contact with legislators, their staffs, gove		_	-		·	√	0
h	Rallies, demonstrations, seminars, conventions						✓	0
i	Total lobbying expenditures (Add lines c through If "Yes" to any of the above, also attach a state					tivities		0
	ii is to any of the above, also attach a statt	cincin diving a G	こんいてい いてろしいひじじじ	י טי נוופ וטטנ	שט טווועו	いいいせる.		

Schedule A (Form 990 or 990-EZ) 2004 Ability	Plus Academy of	Colorado, Toc. 84- ns and Relationships With Non	/3 2880/ Pag	e 6
Part VII Information Regarding Vra Organizations (See page 1	nsfers To and Transaction	is and Relationships With Non	charitable Exen	ıpt
51 Did the reporting organization directly or 501(c) of the Code (other than section 50	indirectly engage in any of the			tion
a Transfers from the reporting organization				No
(i) Cash			.	<u>√</u>
(ii) Other assets			a(ii)	✓_
b Other transactions				✓
(i) Sales or exchanges of assets with a			b(ii)	√
(ii) Purchases of assets from a nonchar(iii) Rental of facilities, equipment, or ot				<u> </u>
(iv) Reimbursement arrangements .				√
(v) Loans or loan guarantees			-3.7.	<u>/</u>
(vi) Performance of services or member	ship or fundraising solicitations		- 1 - -	<u>/</u>
c Sharing of facilities, equipment, mailing li			. <u>C</u>	<u>~</u>
d If the answer to any of the above is "Yes," goods, other assets, or services given be transaction or shanng arrangement, show in	y the reporting organization If t	he organization received less than fa	fair market value of air market value in	the any
(a) (b) Line no Amount involved Name of non-	(c) chantable exempt organization	(d) Description of transfers, transactions, ar	nd sharing arrangement	s
				_
				
				<u> </u>
				—
				—
				_
 Is the organization directly or indirectly described in section 501(c) of the Code (If "Yes," complete the following schedule 	other than section 501(c)(3)) or i	n section 527?	S ▶ ☐ Yes ☑ I	No
(a) Name of organization	(b) Type of organization	(c) Description of relation	nship	
				_
				_
		Schedule A (Form 990 or 990-EZ) 2	:004

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

➤ See separate instructions.

OMB No 1545-0172

Attachment Sequence No 67

► Attach to your tax return.

	e(s) shown on return lity Plus Academy of Colorado, Inc.			ess or activity to w	Identifying number 84-1328801			
Par			ertain Property U		170			L
Га			sted property, com			u complete Pan	+ 1	
				·····			1	\$102,000
1			the instructions for a				2	0
2			y placed in service (s		ne instruc	tions)	3	\$410,000
3			perty before reducti				4	\$410,000 0
4			ine 3 from line 2. If a				-	-
5	Dollar limitation for	tax year. Subt	ract line 4 from line fuctions.	i. If zero or less	s, enter -U	It mamed filing	_	102,000
		Description of pro		(b) Cost (busines		(c) Elected cos	5	102,000
	(4)	Description of pre	perty	(b) Cost (busines	s use only,	(C) Clected Cos		
6								
				<u> </u>	0		0	
7	Listed property. Ent				. 7		0	
8			property. Add amou		c), lines 6	and 7	8	0
9			naller of line 5 or line				9	0
10			n from line 13 of you				10	0
11			smaller of business incom					0
12			Add lines 9 and 10, 1 2005. Add lines 9 and			an line II	12	<u> </u>
13							0	L
	: Do not use Part II					- at in alred - lints		
Par			lilowance and Otl				$\overline{}$	орепу.)
14			r qualified property (c	ther than listed	property)	placed in service		a
	during the tax year		•				14	<u> </u>
15			(1) election (see pag		uctions) .		15	
16			RS) (see page 4 of the		\(\frac{1}{1}\)		16	0
Par	t III MACRS D	epreciation	(Do not include lis		(See pa	ge 5 of the inst	ruction	ons.)
				Section A	 		1 4=	
17			aced in service in tax				17	33
18	If you are electing u	nder section 1	68(i)(4) to group any a	issets placed in	service d	uring the tax year	ļ	
			counts, check here				<u></u>	
	Secuon b-	(b) Month and	d in Service During (c) Basis for depreciation		r Using t	ne General Depr	eciau	on System
(a)	Classification of property	year placed in	(business/investment us		(e) Conve	ntion (f) Metho	od	(g) Depreciation deduction
100	0	service	only-see instructions)	- period	 			ļ
19a	3-year property	ł		 	}			0
_ <u>b</u>	5-year property	į			 			0
_ <u>c</u>	7-year property	Ì	ļ	 	 			0
	10-year property	{		<u> </u>	 			0
	15-year property	{			 			0
	20-year property	{		 	ļ			0
	25-year property		 	25 yrs.	 	5/L		0
h	Residential rental	<u> </u>	ļ	27.5 yrs.	MM			ļ <u>-</u>
	property	 	 	27.5 yrs.	MM			0
į	Nonresidential real		ļ	39 yrs.	MM	~ 		
	property	l	<u> </u>	<u> </u>	I MM			0
		Assets Placed	in Service During	2004 Tax Year	Using th		precia	
	Class life	ł		 	-	5/L		0
	12-year	ļ	ļ	12 yrs.	1	5/L		0
	40-year	Ļ	<u> </u>	40 yrs.	<u>MM</u>	5/L		0
Pa	t IV Summary	(see page 8	of the instructions)					
21	Listed property. En						21	0
22			lines 14 through 17,				1	
	Enter here and on the	ne appropriate	lines of your return. F	artnerships and	S corpora	tions—see instr.	22	33
23			ced in service during	•	ear,			{
	enter the portion of	f the basis att	ributable to section :	263A costs	23			

Form 8868 (Rev	12-2004)			Page	2			
Note. Only c	filing for an Additional (not automatic) 3-Month Extension, complete complete Part II if you have already been granted an automatic 3-month extension, complete only Part I (on page 1)	sion on a pre			(
Part II	Additional (not automatic) 3-Month Extension of Time—Must		l and One Co	nv				
Type or print	Name of Exempt Organization Ability Plus Accidency of Colorado Inc		Employer ident		r ′			
File by the extended	Number, street, and room or suite no If a PO box, see instructions 3786 S. Wadsworth Blvd		For IRS use only		-			
due date for filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				1			
	of return to be filed (File a separate application for each return):	<u> </u>			<u>'</u>			
☐ Form 99			П г	- F007				
☐ Form 99	=			n 5227 n 6069				
Form 99	=		==	n 8870				
Form 99								
STOP: Do no	ot complete Part II if you were not already granted an automatic 3-month	extension o	n a previously fi	led Form 8868	3.			
• The books Telephone	are in the care of ► Ability Plus Academy of Colora No. ► (303) 78/-807/ FAX No. ► (303)	do 994-2	566		_			
	nization does not have an office or place of business in the United States			▶ □	i			
	r a Group Return, enter the organization's four digit Group Exemption Nu			_ If this is				
	e group, check this box . If it is for part of the group, check this							
	EINs of all members the extension is for. Ability Plus Academy of			501	_			
	st an additional 3-month extension of time until		, 20 <u>0,5</u>					
	endar year 2004, or other tax year beginning , 20							
	ax year is for less than 12 months, check reason:							
	n detail why you need the extension Additional time is it			·				
0 - 14 Mars								
nonrefu	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							
tax pay	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundably ments made. Include any prior year overpayment allowed as a credit sty with Form 8868							
c Balanc	e Due. Subtract line 8b from line 8a. Include your payment with this form D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S				_			
	Signature and Verification							
	of perjury, I declare that I have examined this form, including accompanying schedules and sit, and complete, and that I am authorized to prepare this form	tatements, and t	o the best of my kno	wiedge and belief	l .			
Signature >	pearette Barbi Title > Executive	Director	Date ► /	0 aug 10				
	Notice to Applicant—To Be Completed by	the IRS						
	a approved this application. Please attach this form to the organization's return							
date of	e not approved this application. However, we have granted a 10-day grace period the organization's return (including any prior extensions). This grace period is consise required to be made on a timely return. Please attach this form to the organization.	dered to be a '	of the date shown valid extension of	below or the du time for election	ie IS			
We have	e not approved this application. After considering the reasons stated in item 7, we do not granting a 10-day grace period.		our request for an	extension of tim	е			
	not consider this application because it was filed after the extended due date of EXTE	the return for v		n was requested	i			
L. Other .	LAIL	TADION HAA	K()AEF)	2000				
		****	0.5 .	250-8	RI			
Director		UGZZZ	JU4 Date	2]_			
Alternate M	ailing Address — Enter the address if you want the copy of this applicat	ion for an ac	lditional 3-montl	extension				
returned to a	an address different than the one entered above.	rittu	UIRECTOR.	> '0	11			
	Name SUBMISSI	ON PROCESSI	VG, OGDEN	OE 1				
Type or print	Number and street (include suite, room, or apt. no.) or a P.O. box number			AUG	18			
ļ	City or town, province or state, and country (including postal or ZIP code)			990				
					<u></u>			

Ability Plus Aca	demy of Colorado, Inc	84-1328801	200	4 990-EZ
Additional State	ment			
Part I, Line16	Other Expenses Payroll Taxes Supplies Telephone Education Travel Depreciation Expense Bank Charges Delivery Costs Insurance License & Permit Fe		Total	325 1979 1810 750 1237 33 142 126 763 5564

Ability Plus Academy of Colorado, Inc.

2004

84-1328801

Depreciation Schedule:

Furniture

Date	Cook	5yr S/L	Beginning	Ending
Purchased	<u>Cost</u>	Depr Exp	<u>Accum</u>	Accum
1998	3,619		3,619	3,619
1999	1,067		1067	1,067
2002	163	33	49	82
Total furniture	4,849	33	4,735	4,768
Computer & Office Equipme	nt			
1999	1,527		1,527	1,527
2000	2,700		2,700	2,700
Total Computer	4,227	-	4,227	4,227
Library				
1999	1,814		1,814	1,814
Total library	1,814		1,814	1,814
Total fixed assets	10,890	33	10,776	10,809
Book value	<u></u>			