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)

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 8/31 2006 For the 2005 calendar year, or tax year beginning 2005, and ending D Employer Identification Number Check if applicable ABILITY ACADEMY INC. 33-0426677 Address change IRS label or print or type 7527 CUVIER ST. Telephone number Name change LA JOLLA, CA 92037 858-454-1972 Initial return specific instruc-Final return X Cash Accrual tions Other (specify) Amended return H and I are not applicable to section 527 organizations Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates Web site: ► N/A H (c) Are all affiliates included? Organization type (If 'No,' attach a list. See instructions.) ► X 501(c) 3 ◀ (insert_no) (check only one H (d) Is this a separate return filed by an Check here ► If the organization's gross receipts are normally not more than organization covered by a group ruling? \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a Group Exemption Number complete return. М Check ► X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 - 1,484,560. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) Contributions, gifts, grants, and similar amounts received. 67,272. a Direct public support **b** Indirect public support 1Ь c Government contributions (grants) 1 c Total (add fines \$ la through 1c) (cash \$ 67,272 67,272. noncash \$ 1 d 2 233,111 2 Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments 3 4 608 Interest on savings and temporary cash investments 5 Dividends and interest from securities 183,569. 6a Gross rents 6a 140,931. 6b b Less. rental expenses SCANNEC c Net rental income or (loss) (subtract line 6b from line 6a) 6c 42,638. 7 Other investment income (describe (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory 8b b Less, cost or other basis and sales expenses c Gain or (loss) (attach schedule) 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including of contributions 9a reported on line 1a). b Less, direct expenses other than fundraising expenses 9Ь c Net income or (loss) from special events (subtract line 9b from line 9a) 9с 10a 10a Gross sales of inventory, less returns and allowances 10b b Less, cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10 c 11 11 Other revenue (from Part VII, line 103) 1,343,629 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 1,171,303. Program services (from line 44, column (B)) 13 42,377. Management and general (from line 44, column (C)) 14 15 1,800. 15 Fundrais (Participation (D)) Total expenses (add lines 16 and 44, column (A)) 16 16 1,215,480. 17 17 s of (deficit) for the year (s) tract line 17 from line 12) 18 128,149. 18 19 ssets or fund balances at of ginning of year (from line 73, column (A)) 19 98,191.

Other changes (attach explanation)

20

20

21

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

					<u></u>	
1	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 (att sch)					
	(cash \$				1	
	non-cash \$				1	
					1	
	If this amount includes foreign grants, check here	22			1	
23	Specific assistance to individuals (att sch)	23			†	
24	Benefits paid to or for members (att sch)	24			-	
25	Compensation of officers, directors, etc.	25	101,350.	101,350.	0.	0.
26	Other salaries and wages	26	415,263.	415,263.		
27	Pension plan contributions	27				
28	Other employee benefits.	28				
29	Payroll taxes	29	51,661.	51,661.		-
30	Professional fundraising fees	30	·			
31	Accounting fees	31				
32	Legal fees	32			1	
33	Supplies	33	32,366.	27,976.	4,390.	
34	Telephone	34	5,181.	5,181.	3,000.	·
35	Postage and shipping	35	25,708.	25,708.		
36	., .	36	180,217.	180,217.		
37	Equipment rental and maintenance	37	8,530.	8,530.		
38	Printing and publications	38	1,768.	1,768.		********
39	Travel	39	5,290.	5,290.		
	**		3,290.	3,290.		
40	Conferences, conventions, and meetings	40				
41	Interest	41	16.604	16.604		
42		42	16,604.	16,604.		
	Other expenses not covered above (itemize)					
	SEE STATEMENT 1	43a	371,542.	331,755.	37,987.	1,800.
-	b	43b				
,	c	43c				
,	d	43 d				
,	e	43 e				
1	 f	43 f			·	
,		43 q				
44	Total functional expenses. Add lines 22 through					
	43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,215,480.	1,171,303.	42,377.	1,800.
Join	it Costs. Check If you are following			_,,_,	/	
	any joint costs from a combined educational			citation reported in (R) P	rogram services?	► Yes X No
	es,' enter (i) the aggregate amount of these				nount allocated to Progr	
\$		-	to Management and gen			amount allocated
	undraising \$.		toanagoment and gon	т		
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rattiii	Statement of Program Serv	ice Accomplis	<u>siiments</u>			
Form 990 is	available for public inspection and,	for some people,	serves as the primar	y or sole source of in	formation about a particu	lar
organization	How the public perceives an orga	nization in such c	aces may be determin	and by the information	nrecented 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 **EDUCATION Program Service Expenses** What is the organization's primary exempt purpose? ▶ (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) 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 OPERATION OF EDUCATIONAL INSTITUTION, KINDERGARTEN THROUGH 8TH GRADE PRIVATE SCHOOL 1,171,303.) If this amount includes foreign grants, check here (Grants and allocations (Grants and allocations) If this amount includes foreign grants, check here (Grants and allocations e Other program services \$ (Grants and allocations) If this amount includes foreign grants, check here 1,171,303. f Total of Program Service Expenses (should equal line 44, column (B), Program services)

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Part IV Balance Sheets (See Instructions)

Note			ere required, attached schedules and amounts within imn should be for end-of-year amounts only.	the de	escription	(A) Beginning of year		(B) End of year
	4	45	Cash - non-interest-bearing	55,290.	45	66,667.		
	4	46	Savings and temporary cash investments				46	
	4	47 a	Accounts receivable	47 a				
		b	Less. allowance for doubtful accounts.	47 b			47 c	
	4	48 a	Pledges receivable	48 a				
			Less, allowance for doubtful accounts.	48 b			48c	
	4	49	Grants receivable		-		49	
ASSETS	Ę	50	Receivables from officers, directors, trustees, and keemployees (attach schedule)	∍y			50	
Ĕ	5	51 a	Other notes & loans receivable (attach sch)	51 a	485.			
s		b	Less allowance for doubtful accounts.	51 b		485.	51 c	485.
ŀ	į	52	Inventories for sale or use		ļ		52	
	į	53	Prepaid expenses and deferred charges			800.	53	800.
			Investments - securities (attach schedule)		► Cost FMV		54	
	9	55 a	Investments - land, buildings, & equipment basis	55 a				
		b	Less accumulated depreciation (attach schedule)	55 b			55 c	
		56	Investments - other (attach schedule)				56	
		5 7 a	Land, buildings, and equipment, basis	57 a	138,657.			
		h	Less accumulated depreciation				1	
		•	Less accumulated depreciation (attach schedule) STATEMENT 2	57 b	67,937.	33,416.	57 c	70,720.
	5	58	Other assets (describe - SEE STATEMENT 3)	43,813.	58	332,869.
		59	Total assets (must equal line 74). Add lines 45 through	gh 58		133,804.	59	471,541.
	6	60	Accounts payable and accrued expenses				60	
\ 	6	61	Grants payable				61	
AB	6	62	Deferred revenue				62	
ABILITIES	6	63	Loans from officers, directors, trustees, and key employees (attach	schedu	e)		63	
+	•		Tax-exempt bond liabilities (attach schedule)				64a	
Ē			Mortgages and other notes payable (attach schedule)	_			64b	
S			Other liabilities (describe SEE STATEMENT	4)	35,613.	65	245,201.
			Total liabilities. Add lines 60 through 65			35,613.	66	245,201.
М	Orç	gani		nd con	nplete lines 67			
N E T		~=	through 69 and lines 73 and 74.			00 101	-	226 240
Ą		67 60	Unrestricted		-	98,191.	67	226,340.
ASSETS		68 60	Temporarily restricted		}		68	
- 1			Permanently restricted				69	
R	Org	ganı	zations that do not follow SFAS 117, check here	Ш	and complete lines			
5		70	70 through 74. Capital stock, trust principal, or current funds				70	
FUZD			Paid-in or capital surplus, or land, building, and equi	ınman	fund		71	
BA	_		Retained earnings, endowment, accumulated income		T T	· - · · - · - · - · - · - · - · · - · · - ·	72	
Ă					T T	<u> </u>	12	
B女し女之い山の	7	73	Total net assets or fund balances (add lines 67 throu 72, column (A) must equal line 19, column (B) must	98,191.	73	226,340.		
S	7	74	Total liabilities and net assets/fund balances. Add III		· · · · · · · · · · · · · · · · · · ·	133,804.	74	471,541.
								

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P	art IV-A Reconciliation of Revenue per Audited Financial Statements winstructions.)	rith Revenue per Ro	etui	'n (See
а	Total revenue, gains, and other support per audited financial statements.		а	1,343,629.
b	Amounts included on line a but not on Part I, line 12.			
	1Net unrealized gains on investments b1			
	2Donated services and use of facilities b2			
	3Recoveries of prior year grants b3	_		
	4Other (specify).			
	b4			
	Add lines b1 through b4		b	
С	Subtract line b from line a		С	1,343,629.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b d1			
	2Other (specify).			
	d2			
	Add lines d1 and d2		d	
е	Total revenue (Part I, line 12). Add lines c and d	•	е	1,343,629.
P	art IV-B Reconciliation of Expenses per Audited Financial Statements	with Expenses per	Re	
а	Total expenses and losses per audited financial statements		a	1,215,480.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities b1			
	2Prior year adjustments reported on Part I, line 20 b2			
	3Losses reported on Part I, line 20 b3			
	4Other (specify)			
	b4			
	Add lines b1 through b4		Ы	
С	Subtract line b from line a		С	1,215,480.
d	Amounts included on Part I, line 17, but not on line a:			, ,
	1 Investment expenses not included on Part I, line 6b			
	2Other (specify)			
	d2			
	Add lines d1 and d2	ı	ال	
е	Total expenses (Part I, line 17). Add lines c and d	•	e	1,215,480.
	art V-A Current Officers, Directors, Trustees, and Key Employees (List	each person who was a	n off	
	or key employee at any time during the year even if they were not compensated.	.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
JONATHAN GERSON	PRESIDENT	0.	0.	0.
7527 CUVIER ST.] o			
LA JOLLA, CA 92037				
SIOFRA NUGENT	CEO	56,650.	0.	0.
5628 WAVERLY AVE.] o			
SAN DIEGO, CA 92103]			
JEAN HIENZ	DIRECTOR	0.	0.	0.
707 BROADWAY, #1800] 0			
SAN DIEGO, CA 92101				
KENNETH COHEN	DIRECTOR	0.	0.	0.
990 HIGHLAND DR 106A] 0			
SOLANA BEACH, CA 92075]			
ERIN GLENSKI	DIRECTOR	44,700.	0.	0.
1864 SUNSET BLVD	ヿ ol			
SAN DIEGO, CA 92103				
NANCY_HARTE	CFO	0.	0.	0.
1330 FOURTH AVE] 0			
SAN DIEGO, CA 92101				
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Part V-A Current Officers, Directors, Tru	istees, and Key Er	nployees (continued))		Yes	No		
75a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organization	on business as board meetings	⊳ 6					
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that								
identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule								
A, Part II-A or II-B, receive compensation from to this organization through common supervision	any other organization	other independent cont is, whether tax exempt	ractors listed in Schedule or taxable, that are relate	75c		Х		
Note. Related organizations include section 509		nizations.		/50				
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the comperelated organization	ndividuals, explains the ensation arrangements,	relationship between the including amounts paid	is organization and the document to each individual by each	ch				
d Does the organization have a written conflict of	interest policy?			75d	Х			
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	stees, and Key En or, trustee, or key empl nd enter the amount of	oyee received compens compensation or other	ation or other benefits (de benefits in the appropriat	escribed b te column	elow) See			
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allow		her		
					•			
	1							
Part VI Other Information (See the instruction	tions)		L	-	Yes	No		
76 Did the organization engage in any activity not		the IRS? If 'Yes,'	•					
attach a détailed description of each activity 77 Were any changes made in the organizing or g	overnina documents bi	ut not reported to the IR	S?	76 77		X		
If 'Yes,' attach a conformed copy of the change	-							
78a Did the organization have unrelated business g		or more during the year	r covered by this return?	78a	17	X		
b If 'Yes,' has it filed a tax return on Form 990-T	•			78b	N/	A		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the		79		Х		
80a is the organization related (other than by associate membership, governing bodies, trustees, office	ers, etc, to any other ex	or nationwide organiza empt or nonexempt org	tion) through common janization?	80 a		Х		
b If 'Yes,' enter the name of the organization		neck whether it is e	xempt or nonexem	nt				
81 a Enter direct and indirect political expenditures.			81a	0.				
b Did the organization file Form 1120-POL for this	s year ⁹			81 ь		Х		

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Part VI Other Information (continues)	Form 990 (2005) ABILITY ACADEMY INC.	33-0	1426677	Page
substantally less than fair rental value? BY 1/ 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.) BY 1/ Yes, 'you may indicate the value of these items here. Do not include the amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) BY 38 a Did the organization comply with the public inspection requirements for returns and exemption applications? By 38 b Did the organization solicit any contributions or gifts that were not lax deductible? BY 30 b Did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? BY 50 fol(PA)(0,0) or (6) organizations a Were substantially all dues nondeductible by members? BY 50 fol(PA)(0,0) or (6) organizations a Were substantially all dues nondeductible by members? BY 50 fol(PA)(0,0) or (6) organizations and were substantially all dues nondeductible by members? BY 50 fol(PA)(0,0) or (6) organizations and were substantially all dues nondeductible by members? BY 50 fol(PA)(0,0) or (6) organizations and were substantially all dues nondeductible by members? BY 50 fol(PA)(0,0) or (6) organizations and were substantially all dues nondeductible by members? BY 50 fol(PA)(0,0) or (6) organizations and were substantially all dues nondeductible by members? BY 50 fol(PA)(0,0) or (6) organizations and were substantially all dues nondeductible by members? BY 50 fol(PA)(0,0) organizations deleted by 50 folia fol	Part VI Other Information (continued)			Yes No
Ray Did the organization comply with the whole inspection requirements for returns and exemption applications? Bid the organization comply with the disclosure requirements for returns and exemption applications? Bid the organization solicit any contributions or gifts that were not tax deductible? Bit Yes; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Bid the organization must be expressed as a second of the prior year of the did the organization make only in-house lobbying expenditures of \$2,000 or fess? If Yes' was answered to either \$55 or \$85, do not complete \$55 through \$55 t		at no charge or at	82a	х
Bot the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? 85 501(c/0), 60, or (60 organizations a Were substantially all dues nondeductible by members? 85 501(c/0), 60, or (60 organizations a Were substantially all dues nondeductible by members? 85 N/A 85 bid the organization make only in-house lobbying expenditures of \$2,000 or less? 85 N/A 85		82b	N/A	
bit Yes,' did the organization solicit any contributions or gifts that were not tax deductible? bit Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 55 S01(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? bit the organization make only in-house lobbying expenditures of \$2,000 or less? If Yes,' was answered to either (\$65 or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members d Section 162(e) tolbuying and political expenditures. d Section 162(e) tolbuying and political expenditures (line 85d less 85c) g Does the organization effect to pay the section 6033(e)(1)(A) dues notices f Taxable amount of flobbying and political expenditures (line 85d less 85c) g Does the organization effect to pay the section 6033(e) tax on the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures (line 85d less 85c) 85 S01(c)(7) organizations effect to pay the section 6033(e) tax on the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85 S01(c)(7) organizations. Enter, a limitation fees and capital contributions included on line 12, for public use of club facilities 85 S01(c)(7) organizations. Enter a Gross income from members or shareholders. 85 D N/A 86 A N/A 87 A N/A 87 A N/A 88 A Larry time during the year, did the organization under Regulations sections 301,7791-2 and 301,7701-37; if Yes, complete Part IX 89 a S01(c)(3) organizations. Enter Amount of tax imposed on the organization dengree the year or did it become aware of an excess benefit transaction or a prior year? If Yes, attach a statement explaning each transaction or the pay period that includes March 12, 2005 (See instructions) 90 Lest the stat	83a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	
b if Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 SOI(c)(4), 6), or (6) organizations a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If Yes,' was answered to either \$5a or \$5b, do not complete \$5b, thouse there \$5a or \$5b, do not complete \$5b, thouse there \$5a or \$5b, do not complete \$5b, thouse there \$5a or \$5b, do not complete \$5b, thouse there \$5a or \$5b, do not complete \$5b, thouse there \$5a or \$5b, do not complete \$5b, thouse there \$5a or \$5b, do not complete \$5b, thouse there \$5a or \$5b, do not complete \$5b, thouse there \$5a or \$5b, do not complete \$5b, thouse there \$5a or \$5b, do not complete \$5b, thouse and the season \$5b, thouse the \$5b, thouse the season \$5b, thouse	b Did the organization comply with the disclosure requirements relating to quid pro quo contribution	ions?		
not tax deductible? 8 50 50 (c/g/d), G), or (6) organizations a Were substantially all dues nondeductible by members? 8 50 10 the organization make only in-house tobbying expenditures of \$2,000 or less? If 'Yes' was answered to either \$5a or \$5b, do not complete \$5c through \$5h below unless the organization received a waver for proxy tax owed for the prior year C Dues, assessments, and similar amounts from members 8 5c N/A 6 Section 16(26) lobbying and political expenditures 8 6 Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 8 6 Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 8 6 Aggregate nondeductible amount of section 6033(e) (a) (a) (b) (b) (b) (b) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a	X
b Did the organization make only in-house tobbying expenditures of \$2,000 or less? If 'Yes' was answered to either \$5a or \$5b, do not complete \$5c through \$5h below unless the organization received a waver for proxy tax owed for the prior year c Dues, assessments, and similar amounts from members d Section 16(2e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization felect to pay the section 6033(e) tax on the amount on line 85f? ht scales 6032(e)(1)(A) dues notices were sent, does the organization size to add the amount on line 85f? ht scales 6032(e)(1)(A) dues notices were sent, does the organization size 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? 85 bill N/A 85 501(c)(7) organizations. Enter. a linitation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities B6a N/A 87 501(c)(12) organizations. Enter. a Gross income from members or shareholders B7a N/A B7 501(c)(12) organizations. Enter. a Gross income from members or shareholders B8b N/A 88 At any time during the year, did the organization own a 50% or greater interest in a laxable 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 b 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under. section 4911 - 0 section 4912 - 0		tributions or gifts w		
ti "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the pror year c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? ht section 803(e)(1)(A) dues notices were self-to-go the section 6033(e) tax on the amount on line 85f? ht section 803(e)(1)(A) dues notices were self-to-go the section 6033(e) tax on the amount on line 85f? ht section 803(e)(1)(A) dues notices were self-to-go the section 6033(e) tax on the amount on line 85f? ht section 803(e)(1)(A) dues notices were self-to-go the section 803(e) tax on the amount on line 85f? ht section 803(e)(1)(A) dues notices were self-to-go the section 803(e) tax on the amount on line 85f? ht section 803(e)(1)(A) dues notices were self-to-go the section 803(e) tax on the amount on line 85f? ht section 803(e)(1)(A) dues notices dependitures (line 85d less 85e) g Does the organizations. Enter. a Initiation fees and capital contributions included on line 12. b Gross receipts, included on line 12, for public use of club facilities. 85 all (C)(C) organizations. Enter a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 85 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership. 86 b N/A 87 a N/A 88 a 501(c)(2) organizations. Enter. Amount of tax imposed on the organization during the year under. 87 section 4911	85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?			
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financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country 91 b X 91 b X 91 b X N/A				
financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country 91c	b At any time during the calendar year, did the organization have an interest in or a signature or	other authority over	era —	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country 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 92 N/A	financial account in a foreign country (such as a bank account, securities account, or other fina	ancial account)?	91 b	X
Financial Statements c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country 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 92 N/A	If 'Yes,' enter the name of the foreign country ▶			
If 'Yes,' enter the name of the foreign country 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 92 N/A		oreign Bank and		
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 N/A N/A	c At any time during the calendar year, did the organization maintain an office outside of the Uni	ited States?	91 c	X
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A	· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			1	

	2005) ABILITY ACADEMY II			<u> </u>	33-0426	677 Page 8
Part VII	Analysis of Income Producin		ee the instructions) business income	Excluded by sect	ion 512, 513, or 514	
Note: Enter	r gross amounts unless ndicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a TU	gram service revenue ITION, MATERIALS, F					1,233,111.
			-	+		····
d	· · · · · · · · · · · · · · · · · · ·					
f Med	dicare/Medicaid payments				•	
-	& contracts from government agencies					
	mbership dues and assessments est on savings & temporary cash invmnts	-				608.
	dends & interest from securities					
97 Net r	rental income or (loss) from real estate:			:		
	t-financed property				40.600	
	debt-financed property			3	42,638.	
	rental income or (loss) from pers prop er investment income	-				
100 Gau	n or (loss) from sales of assets er than inventory					
	income or (loss) from special events					
	s profit or (loss) from sales of inventory			1	1	
	er revenue a					
				 		
e		<u> </u>			42 620	1 222 710
	total (add columns (B), (D), and (E)) al (add line 104, columns (B), (D), a	E		<u> </u>	42,638.	1,233,719. 1,276,357.
	105 plus line 1d, Part I, should equ		on line 12, Part I.			1,210,331.
	Relationship of Activities			cempt Purpose	S (See the instruction	ns.)
Line No. ▼	Explain how each activity for whice of the organization's exempt purp	h income is rep	orted in column (E) o	f Part VII contribute or such purposes).	ed importantly to the	accomplishment
N/A	or the organization of exempt perp		, р			
Part IX	Information Regarding Ta	<u>xable Subsi</u> c			S (See the instruction	
	(A)	(B)	(0	(2)	(D)	(E)
Name,	address, and EIN of corporation, thership, or disregarded entity	Percentage ownership into		activities	Total income	End-of-year assets
N/A	thership, or disregarded entity	Ownership into	8		income	assets
21/ 22		1	8			
			ક			
			%			<u> </u>
	Information Regarding Tra			· · · · · · · · · · · · · · · · · · ·	•	
	e organization, during the year, receive any fu			•		Yes X No
	ne organization, during the year, pa f 'Yes' to (b), file <u>Form 8870 and F</u> o	//		a personal benefit	contract	Yes X No
Note, II	Under penalties of penulty, I deplare that he true, correctly and complete Declaration of p			g schedules and stateme	nts, and to the best of my k	nowledge and belief, it is
	true, correct and complete Declaration of p	reparer (other than)	Hice is based on all inform	nation of which preparer I	has any knowledge	1
Please Sign	Signature of officer	<i>()</i>			Date 7/9/0	<u>, </u>
Here	► Signature of the sig		Diverto		Date	
	Type or print name and title	un!	1/1/ex/C	<i>y</i>		
D-1:1	11	<i>.</i>		Date	Check if Pr	reparer's SSN or PTIN (See eneral Instruction W)
Paid Pre-	Preparer's signature	11		1/05/07		eneral Instruction W) 00233769
parer's		COHEN CPA,	INC.		, ., .,	
Üse	yours if self employed). > 990 HIGHLAN		TE 106A		EIN ► 33-08	394731
Only	address, and ZIP + 4 SOLANA BEAC				Phone no ► 858	-755-0290

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

OMB No 1545 0047

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	•	Employer identification	number	
ABILITY ACADEMY INC.	· · · · · · · · · · · · · · · · · · ·	33-0426677		
Part I Compensation of the Five (See instructions. List each one. I	Highest Paid Employees Otl f there are none, enter 'None.')	ner Than Office	rs, Directors, ar	nd Trustees
(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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	>)		
Part II — A Compensation of the Five (See instructions. List each one (see	Highest Paid Independent C whether individuals or firms). If there	ontractors for F are none, enter 'No	Professional Se	rvices
(a) Name and address of each independent of	ontractor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
			•	
			· ··· · · · · · · · · · · · · · · · ·	
Total number of others receiving over \$50,000 for professional services	0)		
Part II - B Compensation of the Five	Highest Paid Independent C	ontractors for C	Other Services	
(List each contractor who perform enter 'None.' See instructions.)	ed services other than professional s	ervices, whether ind	lividuals or firms If	there are none,
(a) Name and address of each independent c	contractor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
Total number of other contractors receiving				

3016	dule	A (Form 990 of 990-EZ) 2005 ABILITI ACADEMI INC. 33-042067	<u>/</u>	٢	age 4
Pa	1 III	Statements About Activities (See Instructions.)		Yes	No
1	Dur	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
		ncurred in connection with the lobbying activities S			
		ust equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		Х
	•	panizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	org	anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.			
2	Dur	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	sub taxa	estantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal neficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
á	ı Sal	e, exchange, or leasing of property?	2a		X
ŀ	L en	nding of money or other extension of credit?	2b		Х
c	: Fur	nishing of goods, services, or facilities?	2с		Х
C	l Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
•	: Tra	nsfer of any part of its income or assets?	2e		Х
3a	Do	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an			.,
		vianation of how you determine that recipients qualify to receive payments.) you have a section 403(b) annuity plan for your employees?	3a 3b		_ X X
		ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
	Did	you maintain any separate account for participating donors where donors have the right to provide advice	30		
		the use or distribution of funds?	4a		X
	Do Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pai	t IV	Reason for Non-Private Foundation Status (See Instructions.)			
The	orga	nization 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	X	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 n	name,	city,	
		and state >			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1 (Also complete the Support Schedule in Part IV-A.)	70(b)	(1)(A)	(iv).
11 a	ı 🗌	An organization that normally receives a substantial part of its support from a governmental unit or from the general pu Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	ablic		
111	.	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 from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired	ıts sur	port i	ots
		organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	Uy tile	-	
13	Ц	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organ 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) box that describes the type of supporting organization Type 1 Type 2 Type 3	nizatio Chec	ns k the	
		Provide the following information about the supported organizations. (See instructions.)	•		
		(a) Name(s) of supported organization(s)	(b) Lir	ne nur	
				. 200	
			-		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			

Schedule A (Form 990 or 990-EZ) 2005 ABILITY ACADEMY INC. 33-0426677 Page 3 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) 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28) N/A 16 Membership fees received 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 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 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 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 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 a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts 26 b c Total support for section 509(a)(1) test. Enter line 24, column (e). 26 c d Add Amounts from column (e) for lines 26 d e Public support (line 26c minus line 26d total) 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 26 f Organizations described on line 12: N/A
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. (2004) _ _ _ _ (2003) _ _ _ _ (2002) _ _ _ _ (2002) _ _ _ _ (2001) _ _ _ _ bFor 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 11b, 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. (2004) _ _ _ _ (2003) _ _ _ _ c Add Amounts from column (e) for lines. 15 16 27 c 27 d d Add Line 27a total and line 27b total 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) g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 q h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 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	Х	
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	Х	
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	Х	
32	If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) THE EXEMPT ORGANIZATION HAS PUBLISHED NOTICE IN THE REQUIRED FORM STATING ITS RACIALLY NON-DISCRIMINATORY POLICIES IN NEWSPAPERS OF GENERAL CIRCULATION AT LEAST ANNUALLY OR DURINGITS REGISTRATION PERIOD. Does the organization maintain the following			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u>X</u>	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	Х	
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	Х	
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Х	
	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		Х
	b Admissions policies?	33b		Х
	c Employment of faculty or administrative staff?	33 c		Х
	d Scholarships or other financial assistance?	33 d		Х
	e Educational policies?	33e		Х
	f Use of facilities?	33f		Х
	g Athletic programs?	33 g		Х
	h Other extracurricular activities?	33h		Х
	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?	34b		Х
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
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	х	
		ليتني		

<u>UMX</u>	(To be complete	ed ONLY by an eligible	organization that filed F	orm 5768)	cuoris.	,			N/A
Che	ck ► a If the organia	zation belongs to an aff	iliated group Check	. ► b	ıf you	checke	d 'a' and 'l	ımıted	contr	ol' provisions apply.
		imits on Lobbying 'expenditures' means	Expenditures amounts paid or incurre	ed.)			Affiliate	a) d grou als	ıþ	(b) To be completed for ALL electing organizations
	Total lobbying expenditi	•			ļ	36				<u> </u>
37	Total lobbying expendite	-	- ·	yıng)	}	37				
38	Total lobbying expenditu	·	37)			38				
39	Other exempt purpose of		20 4 20)			39				
40	Total exempt purpose e	•	•	l-		40				· · · · · · · · · · · · · · · · · · ·
41	Lobbying nontaxable an		t from the following tab lobbying nontaxable as						-	
	Not over \$500,000.		of the amount on line	_	_				1	
	Over \$500,000 but not over \$1,		,000 plus 15% of the excess o	-					1	
	Over \$1,000,000 but not over \$,000 plus 10% of the excess o		1 1	41				
	Over \$1,500,000 but not over \$,000 plus 5% of the excess ov							······································
	Over \$17,000,000		000,000						1	
42	Grassroots nontaxable a	amount (enter 25% of la	ne 41)			42			1	
43	Subtract line 42 from lin	e 36. Enter -0- if line 42	2 is more than line 36			43	·			_
44	Subtract line 41 from lin	e 38. Enter -0- if line 4	1 is more than line 38			44				
	Caution: If there is an a	mount on either line 43	or line 44, you must fil	le Form 47	20.					
	(Some orgal	nizations that made a s	Averaging Period ection 501(h) election dee the instructions for li	o not have	to con	iplete a		ve colu	ımns l	pelow.
			Lobbying Expen	ditures Du	ıring 4 -	Year A	veraging P	eriod		
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	2	(c) 2003			d) 002		(e) Total
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable_amount									
49	Grassroots ceiling amount (150% of line 48(e))								:	
50	expenditures									
		nly by organizations th	at did not complete Par	t VI-A) (Se			<u>. </u>			N/A
atter	ng the year, did the orgai mpt to influence public op	nization attempt to influ- inion on a legislative m	ence national, state or l atter or referendum, thi	local legisl rough the	ation, ir use of	nciudin	g any	Yes	No	Amount
	Volunteers	at (landousle ee			_ 11-					
	Paid staff or manageme	nt (include compensati	on in expenses reported	d on lines	c through	gn h .)			-	
	c Media advertisements d Mailings to members, le	aiclatore or the nublic								
	Publications, or published	-	ants					-		·
	Grants to other organization									
	Direct contact with legis			egislative h	odv					
	Rallies, demonstrations	-		-	-	5				
	Total lobbying expenditu		•	,		_	,		'ا	
	If 'Yes' to any of the abo	· -	•	description	of the	lobbyır	ig activities	·		· · · · · · · · · · · · · · · · · · ·
BAA									A (Ea.	m 990 or 990 EZ) 200

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

of the	Code (other than section	501(c)(3) o	ganizations) or in s	ection 527, relatir	g with any other organization describeing to political organizations?	d in sectioi		
	fers from the reporting or	ganization to	a noncharitable ex	empt organizatio	n of.		Yes	No
(i) C	ash					51 a (i)		<u>X</u>
(ii) O	ther assets					a (ii)		<u>X</u>
b Other	transactions.							
(i) S	ales or exchanges of asse	ets with a no	ncharitable exempt	organization		b (i)		X
(ii)P	urchases of assets from a	a noncharita	ole exempt organiza	ation		b (ii)		Х
(iii)R	ental of facilities, equipme	ent, or other	assets			b (iii)		X
, ,	eimbursement arrangeme	•				b (iv)		X
• •	oans or loan guarantees					b (v)		X
	erformance of services or	mamharchi	or fundraising soli	icitations		b (vi)		X
• •	ng of facilities, equipment		-			C		$\frac{x}{X}$
					umn (b) should always show the fair m organization received less than fair ma ods, other assets, or services received		e of in	
(a)	(b)		(c)		(d)			
Line no.	Amount involved	Name of	noncharitable exem	pt organization	Description of transfers, transactions, and	l sharing arra	ngemeni	S
N/A					-			
14/11			 -					
			-					
					·			
				• •				
					· ·			
		-						
	organization directly or in ibed in section 501(c) of t s,' complete the following	•	ated with, or relate er than section 501	d to, one or more (c)(3)) or in secti	e tax-exempt organizations on 527?	► Ye	s X	No
<u>-</u>	(a) Name of organization		(b) Type of org	anization	(c) Description of relation	nship		
N/A								
	 							
_								
								
			 .			-		
								
								
					<u> </u>			
							_	
				<u> </u>				
		-						

Form **8868** (Rev December 2004)

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury

internal Revenue	Service	File a separate application for each return.	
If you are	filing for an Automatic 3-Mo	nth Extension, complete only Part I and check this box.	► X
_		automatic) 3-Month Extension, complete only Part II (on page 2 of this for	
-	- · ·	ready been granted an automatic 3-month extension on a previously filed	-
		ension of Time - Only submit original (no copies needed	
		, , ,	,
	• •	tomatic 6-month extension – check this box and complete Part I only	▶ []
Partnerships,	REMICs and trusts must use	-C filers) must use Form 7004 to request an extension of time to file incol Form 8736 to request an extension of time to file Form 1065, 1066, or 1	041.
below (6-mon extension, ins	ing (e-file). Form 8868 can be ths for corporate Form 990-T stead you must submit the ful ow irs gov/efile	e filed electronically if you want a 3-month automatic extension of time to filers). However, you cannot file it electronically if you want the additionally completed signed page 2 (Part II) of Form 8868. For more details on the completed signed page 2 (Part II) of Form 8868.	file one of the returns noted al (not automatic) 3-month ne electronic filing of this
· ·	Name of Exempt Organization		Employer identification number
Type or			
print	ABILITY ACADEMY II	NC .	33-0426677
	Number, street, and room or suite nu	mber If a P.O. box, see instructions	33 0420077
filing your			
return. See instructions.	7527 CUVIER ST. City, town or post office For a foreig	n address see instructions	state ZIP code
mistructions.			State Zir Code
	LA JOLLA, CA 9203		
	·	arate application for each return).	
X Form 990		Form 990-T (corporation))
Form 990	-BL	Form 990-T (section 401(a) or 408(a) trust) Form 5227	7
Form 990	-EZ	Form 990-T (trust other than above)	9
Form 990	-PF	Form 1041-A Form 8870)
Telephone If the orga If this is for check this	or a Group Return, enter the	FAX No. ► ffice or place of business in the United States, check this box organization's four digit Group Exemption Number (GEN) If the group, check this box ► and attach a list with the names an	
1 I reques	st an automatic 3-month (6-m	onths for a Form 990-T corporation) extension of time until $-4/15$, 20 <u>07</u> _,
► X	calendar year 20 or tax year beginning _ 9/0	i for the organization named above. The extension is for the organization 1 , 20 05 , and ending $8/31$, 20 06 nths, check reason \square initial return \square Final return \square Ci	's return for nange in accounting period
	pplication is for Form 990-BL ndable credits See instruction	, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any ns	\$0.
	pplication is for Form 990-PF any prior year overpayment :	or 990-T, enter any refundable credits and estimated tax payments made allowed as a credit	e. \$0.
c Balance coupon	Due. Subtract line 3b from li or, if required, by using EFTI	ne 3a. Include your payment with this form, or, if required, deposit with F PS (Electronic Federal Tax Payment System). See instructions	* 0.
payment instr	uctions.	ronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	
BAA For Priv	acy Act and Paperwork Red	uction Act Notice, see instructions.	Form 8868 (Rev 12-2004)

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FEDERAL STATEMENTS

PAGE 1

ABILITY ACADEMY INC.

33-0426677

STATEMENT 1 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADVERTISING AFTER SCHOOL CARE	17,837. 84.	17,837. 84.		
ALARM SYSTEM BANK CHARGES BONUS	240. 1,590. 300.	240. 300.	1,590.	
BOOKS BUILDING IMPROVEMENTS CLEANING SUPPLIES	8,559. 6,452. 462.	8,559. 6,452. 462.		
COMPUTER SOFTWARE CONFERENCES CREDIT CARD FEES	4,382. 795. 663.	4,382.	795. 663.	
DEPOSIT REFUND DONATIONS DUES	779. 3,162. 274.	779. 3,162.	274.	
EVENTS FIELD TRIPS	22,885. 19,479.	22,885. 19,479.	2/4.	1 000
FUNDRAISING COOKBOOKS GIFTS INSURANCE	1,800. 8,332. 19,457.	8,332. 19,457.		1,800.
JANITORIAL LANDSCAPING LICENSES & PERMITS	149. 207. 435.	149. 207.	435.	
LICENSES FEES MAINTENANCE MARKETING	115,726. 11,898. 21,653.	115,726. 11,898. 21,653.		
MISCELLANOUS PROFESSIONAL FEES	4,633. 34,160.	4,633.	34,160.	
PROMOTION REFUNDS REPAIRS & MAINTENANCE	29,550. 5,581. 9,599.	29,550. 5,581. 9,599.		
SMALL EQUIPMENT STAFF TRAINING TAXES	1,298. 3,728. 10.	1,298. 3,728.	10.	
TEACHER EDUCATION TUTORING UNIFORMS	2,440. 5,106. 3,446.	2,440. 5,106. 3,446.		
WEB HOSTING YEARBOOK EXPENSE	60. 4,331. TOTAL \$ 371,542.	4,331. \$ 331,755.	60. \$ 37,987.	\$ 1,800.
		=		

STATEMENT 2 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY			BASIS	_	ACCUM. DEPREC.		BOOK VALUE
FURNITURE AND FIXTURES	TOTAL	\$ \$	138,657. 138,657.	\$ \$	67,937. 67,937.	\$ \$	70,720. 70,720.

2005	FEDERAL STATEMENTS		PAGE 2
	ABILITY ACADEMY INC.		33-0426677
STATEMENT 3 FORM 990, PART IV, LINE 58 OTHER ASSETS			
AFFILIATES DEPOSIT ROUNDING		\$	317,368. 14,000. 1.
TRADE NAME		TOTAL \$	1,500. 332,869.
STATEMENT 4 FORM 990, PART IV, LINE 65 OTHER LIABILITIES			
DUE TO AFFILIATE		TOTAL \$	245,201. 245,201.

8/31/06		2005 F	2005 FEDERAL	AL E) 000 1	< DEP	RECLA	VOIT	SCHE	BOOK DEPRECIATION SCHEDULE				PAGE 1
					ABILI	TY ACA	ABILITY ACADEMY INC.	<u>ن</u>						33-0426677
MO. DESCRIPTION.	DATE ACQUIRED	DATE S0ID	COST/ BASIS	BUS. PCI.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	_METHOD_ LIFE_RATE	LIFE_RATE	CURRENT
FORM 990/990-PF														
LA JOLLA														
	VARIOUS		13,375							13.375	13,375	S/L	s	0
2 LEASEHOLD IMPROVEMENTS	6/12/99		23,524							23,524	14,700	S/L	01	2,352
3 EQUIPMENT	2/01/99		3,892							3,892	3,892	S/L	S	0
4 SIGN	6/10/9		3,400							3,400	3,037	S/L	7	363
5 COMPUTERS	11/15/99		1,432							1,432	1,432	S/L	5	0
6 COMPUTERS	3/15/00		3,325							3,325	3,325	S/L	5	0
7 LEASEHOLD IMPROVEMENTS	2/01/00		3,100							3,100	1,731	S/L	10	310
8 LEASEHOLD IMPROVEMENTS	8/03/01		1,200							1,200	490	S/L	01	120
9 FURNITURE	9/03/00		402							402	285	S/L	7	22
10 COMPUTER	1/09/00		2,300							2,300	2,223	S/L	2	0
11 COMPUTER	8/24/01		2,322							2,322	1,856	S/L	2	466
12 FURNITURE	8/24/01		1,821							1,821	1,040	S/L	7	260
13 LEASEHOLD IMPROVEMENTS	9/21/01		2,549							2,549	666	S/L	10	255
14 FURNITURE	3/01/02		3,047							3,047	1,523	S/L	7	435
15 SIGN	5/31/02		2,479							2,479	1,151	S/L	7	354
	3/01/03		1,271							1,271	364	S/L	7	182
	7/15/05		12,190							12,190	290	S/L	7	1,741
21 LEASEHOLD IMPROVEMENTS	8/18/05		3,500							3,500		S/L	0	350
22 PLAYGROUND EQUIPMENT	9/03/02		27,699							57,699		S/L	7	3,957
23 COMPUTERS	2/01/06	,	25,829	'						25,829		S/L	m	5,022
TOTAL LA JOLLA			138,657		0	0	J	0 0	0	138,657	51,713			16,224

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