SCANNED JUN 1 1 2007

Form 990-EZ

OMB No. 1545-1150 2006

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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form.

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

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 I	For the	2006 calend	lar year	, or tax year beginning , 200	6, and e	nding			, 20
B	Check if ap	pplicable:	Please	C Name of organization			D Employ	er ide	ntification number
=	Address c	•	use IRS label or	Ability Plus Academy of Colorado, Inc.			84		1328801
=	Name cha	•	print or	Number and street (or P.O. box, if mail is not delivered to street	t address)	Room/sulte	E Teleph	one n	umber
=	Instal retur		type. See	3286 S. Wadsworth Blvd.			(303)	781-8071
=	Final return Amended		Specific	City or town, state or country, and ZIP + 4			,		
=	Application		instruc- tions.	Lakewood, CO 80227-5002			F Group Numbe		•
					ottoob	G Acco			Cash Accrual
•	• Secuc	on sor(c)(s)		ations and 4947(a)(1) nonexempt charitable trusts must apleted Schedule A (Form 990 or 990-EZ).	attacar		(specify)		☐ Cash M Accidal
	-			ipicted Galicano A (r Grill 500 Gr 500 EE).					
	Websit	aplus	co.org						organization
			.	strong 7 504(1) (2) 45 4) 7 4047(1)(4)			t required t		cn 0, 990-EZ, or 990-PF)
				nty one)—			<u>`</u>		
				on is not a section 509(a)(3) supporting organization and its constant of the section of the sec		eipts are non	mally not n	ore ti	han \$25,000 A return is
				zation chooses to file a return, be sure to file a complete ret		and of Form	000 E7	▶\$	EEEOO
				ne 9 to determine gross receipts; if \$100,000 or more, file Form				<u> </u>	55500
F	art I	Hevenue,	, Expe	nses, and Changes in Net Assets or Fund Ba	liances	(See pag	e 47 or 1		
	1		. •	s, grants, and similar amounts received				1	6636
	2	Program s	ervice i	revenue including government fees and contracts .				2	48551
	3	Membersh	ip dues	and assessments				3	· · · · · · · · · · · · · · · · · · ·
	4	Investment	t incom	ne				4	<u> </u>
	5a	Gross amo	ount fro	m sale of assets other than inventory	5a			- {	
	ь	Less: cost	or other	er basis and sales expenses	5b				
_	c	Gain or (lo	ss) fror	n sale of assets other than inventory (line 5a less line	5b) (att	ach sched	ule)	5c	
Ĭ	6	Special eve	ents and	d activities (attach schedule). If any amount is from gam	ing, che	ck here		İ	
Revenue	a			ot including \$ of contributions	O,			1	
Re		reported o			6a		50	- 1	
	ь	•		nses other than fundraising expenses	6b		-		
			•	ss) from special events and activities (line 6a less line	e 6b)			6c	50
	7a	_		ventory, less returns and allowances	7a		263		·
		Less: cost		••	7b		216		
			_	ass) from sales of inventory (line 7a less line 7b)				7c	47
	В	Other reve					! [8	-
	9	Total reve	hue (a	60 lines IT, 2/3-4)5c, 6q, 7c, and 8)			▶	9	55284
	10		7 7	r amounts paid (attach schedule)				10	
	11			May upubate C.U. O				11	•
ø	12			mpensation, and employee benefits				12	16093
38	13			and other-payments to independent contractors				13	169
Expenses				and other-payments to independent contractors :				14	15622
ă	14 15			ons, postage, and shipping				15	5973
	16	Other eyes	aneae (describe see additional statement			; †	16	18270
	17	Total expe	enses (add lines 10 through 16)			/	17	56127
m	18) for the year (line 9 less line 17)				18	-843
Net Assets	19		-	nd balances at beginning of year (from line 27, colu					
Asi	'3	end-of-ves	ar figur	e reported on prior year's return)	(עיץ יוויווי	(must agre	SO WILL	19	-8202
ᇥ	20			net assets or fund balances (attach explanation)				20	•
Z	21			d balances at end of year (combine lines 18 through				21	-9045
Pa	art II			s—If Total assets on line 25, column (B) are \$250,00				ead	
			(5	See page 51 of the instructions.)		(A) Be	ginning of ye	ar	(B) End of year
22	Cash	n, savings, a	•	. •			23	17 22	1764
23								- 23	
24	Othe	er assets idi	go escribe	Accounts Receivable/Fixed Assets/Book Inventory	٠	-,	690	0 24	
25		_						27 25	
26	Tota	dooda . Il liahilitiee	 (describ	De Accounts Payable			-	79 26	
27	Net	assets or f	fund ba	lances (line 27 of column (B) must agree with line 2	1)			2 27	
_				rk Peduction Act Notice see the senarate instructions		Cat No. 1			Form 990-F7 (2006)

Form	990-Ez (2006) Ability	Plus Academa	a of Colorado Ir		84-13	3281	201	P	age 2
Pai		am Service Accom	plishments (See page 51	of the instruction			Expen		
Wha	it is the organization's primary	exempt purpose? E	ducation			(Requi			
Des	cribe what was achieved in car	rrying out the organiza	ation's exempt purposes. In	a clear and cond	ise manner,	and 4			
desc	cribe the services provided, the	number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	option	al for	others)
28	Educational ServicesKindergart	en through 9th grade							
_	Number of students = 15								
•						1			
(Grants \$) If this amount incli	udes foreign grants, check	here	. ▶ 🗆	28a		4	5584
2Q -									
(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ □	29a			
30 _	=								
-									
-									
(udes foreign grants, check			30a			-
31 (Other program services (attack	n schedule)							
(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ □	31a			
32	Total program service expen	ises (add lines 28a th	rough 31a)	· · · · · · · · · · · · · · · · · · ·	>	32		4	5584
Рa	rt IV List of Officers, Directo	ors, Trustees, and Key	Employees (List each one ever	n if not compensate	d. See page 5	2 of the	instru	ctions.)
	(A) Name and add	trace	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contribution employee benefit			Expens	
(A) Name and address			devoted to position	enter -0)	deferred comper				
Jeanette Banks			Dir-Pres40 hrs						
367	2 S. Lee Ct., Lakewood, CO 8022	27		5130		0			0
Lau	ra Levitt		Corp Sec/Treas1 hr						
8708 Snowbird Way, Parker, CO 80134					0 (0		
Charlie Parker			Dir/VP1 hr	•			_		
148	24 E. Colgate Dr., Aurora, CO 80	014		0		0			0
Pa	rt V Other Information	(Note the statemer	nt requirement in Genera	I Instruction V.)				Yes	No
33	Did the organization engage	in any activity not pr	reviously reported to the IR	S? If "Yes," attac	n a detailed			:	
	description of each activity	•					33		✓
34	Were any changes made to	the organizing or gov	verning documents but not	reported to the IF	RS? If "Yes,"				_
	attach a conformed copy of						34		✓
35	If the organization had income fi	rom business activities,	such as those reported on line	s 2, 6, and 7 (amor	g others), but i	not			
	reported on Form 990-T, attach	a statement explaining	your reason for not reporting t	he income on Form	990-T.				
а	Did the organization have un	related business gros	ss income of \$1,000 or more	e or 6033(e) notic	e, reporting,	and			
	proxy tax requirements? .						35a		√
b	If "Yes," has it filed a tax ret						35b		N/A
36	Was there a liquidation, diss	solution, termination, e	or substantial contraction d	luring the year? (h	"Yes," attac	:h a			
	statement.)						36		✓
37a	Enter amount of political expe			structions. ▶ [37	a	0	ļ		
	Did the organization file Fon						37b		✓
38a	Did the organization borrow	from, or make any loa	ans to, any officer, director,	trustee, or key er	nployee or w	ere	ļ		
	any such loans made in a pi						38a		✓
b	If "Yes," attach the schedul			ı					
_	•	•		38	b	N/A			
39	501(c)(7) organizations. Enter	r:		 	\dashv				ĺ
а	Initiation fees and capital co	ntributions included o		39		N/A			1
L	Grace receipte included on	line Q for public use	of club facilities	30	h l	AI/A		· •	i

orm !	990-ÈZ (TOTAL AS THE ARCTING SECONDARY			-1320		<u></u>	Р	age 3	
Par	t V	Other Information (Note the statement requirement in G	eneral Instruc	tion V.) (Contin	ued)_				
10a		(3) organizations. Enter amount of tax imposed on the organization 4911 ▶0; section 4912 ▶0				0				
b	501(c)	(3) and (4) organizations. Did the organization engage in any section 4	958 excess ber	nefit tran	saction di	uring th	ne	Yes	No	
_		r did it become aware of an excess benefit transaction from a prior						4	✓_	
	the ye	amount of tax imposed on organization managers or disqualified ear under sections 4912, 4955, and 4958		ĭ. ▶			0			
d	Enter	amount of tax on line 40c reimbursed by the organization		. ▶			_0			
е	_	ganizations. At any time during the tax year, was the organization	a party to a p	rohibite	d tax she	lter 	40e		✓	
		e states with which a copy of this return is filed. None								
42a	The b	ooks are in care of ► Ability Plus Academy of Colorado, Inc		Tele	-	. 🕨 (.) 781-8071 80227-5002		
	Locate	ed at ▶ 3286 S. Wadsworth Blvd., Lakewood, CO			ZIP + 4	▶	8022	-5002		
С	At any time during the calendar year, did the organization have an interest in or a signature or other authority over 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. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:									
43		on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lie enter the amount of tax-exempt interest received or accrued durin				1 43		• •	N/A	
Plea Sign Hero	•	Under penalties of perjury, I declare that I have examined this return, including an and belief, it is true, correct, and complete. Declaration of preparer (other than Signature of officer Jeanette Banks, President Type or print name and title	ccompanying sche officer) is based o	edules and n all infor	mation of v	hich pr	o the best of eparer has a	my knov ny know	vledge rledge.	
Paid		Preparer's signature	Date	Check if self-	_ [_	reparer's	SSN or PTIN	(See Gen.	Inst. X)	
Prepa	arer's	Firm's name (or yours)		employe			<u> </u>			
Use (Only	if self-employed),								
		address, and ZIP + 4 ▼			Phone no.	- () Form Q ()(LF7		

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.)

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Ability Plus Academy of Colorado, Inc. 84 1328801 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & deferred compensation (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation account and other than \$50,000 per week devoted to position allowances None Total number of other employees paid over \$50,000 . Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services

Sche	tule A (Form 990 or 990-EZ) 2006 Hbility Plus Academy of Colorado, Inc. 89-13280	<u> </u>	F	age 2
Pai	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 (Must equal amounts on line 38, Part Vi-A, or line I of Part VI-B.)	1	-	1
	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.)			
а	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b		1
c	Furnishing of goods, services, or facilities?	2c		✓_
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . P.ar.+ II.	2d	✓_	
е	Transfer of any part of its income or assets?	2e		1
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		1
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		1
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		/
b	Did the organization make any taxable distributions under section 4966?	4b		1
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✓
d	Enter the total number of donor advised funds owned at the end of the tax year			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Sched	tule /	A (Form 990 or 990-EZ) 2006 Abil	ity Plus Ac	ademy of Color	ada, In	c. 84-	/32880 / Page 3			
Pai	t IV	_	(1	a	•					
cer	tify 1	that the organization is not a priva	te foundation bed	ause it is: (Please check	only ONE ap	plicable box.)				
5		A church, convention of churches	s, or association of	of churches Section 170	(b)(1)(A)(i).					
6	Z	A school Section 170(b)(1)(A)(ii).	(Also complete Pa	art V.)						
7		A hospital or a cooperative hospi	tal service organia	zation. Section 170(b)(1)((A)(iii).					
8		A federal, state, or local government	ent or governmer	ntal unit. Section 170(b)(1	I)(A)(v).					
9		A medical research organization of and state ▶					hospital's name, city,			
10		An organization operated for the b (Also complete the Support Sche		or university owned or op	perated by a g	overnmental uni	t. Section 170(b)(1)(A)(iv)			
l 1a		•	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.)							
l1b		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%% 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%% 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 contrequirements of section 509(a)(3)					nd otherwise meets the			
		☐ Type II	☐Type I	II-Functionally Integrate	ed [☐Type III-Othe	r			
		Provide the following info	rmation about th	e supported organizati	ons. (See pag	ge 7 of the instr	uctions.)			
(a) Name(s) of supported organization(s)		• •	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support			
					Yes	No				
							- · · · · · · · · · · · · · · · · · · ·			
Tota			<u> </u>	<u> </u>		•				
	<u> </u>	<u> </u>			· · · · ·	· · · <u></u>				

Note: Your Calenda 15 Gi no 16 Ma 17 Gr so face	V-A Support Schedule (Complete only ou may use the worksheet in the instructions ar year (or fiscal year beginning in) fts, grants, and contributions received. (Do ot include unusual grants. See line 28.) embership fees received oss receipts from admissions, merchandise lid or services performed, or furnishing of cilities in any activity that is related to the	r if you checked for converting fr (a) 2005	a bex on line 10 om the accrual 1 (b) 2004	o, 11, or 12.) Use to the cash methology (c) 2003	cash meth d of account (d) 200	nting.	(e) Total
15 Gi no 16 Me 17 Gr so fac	fts, grants, and contributions received. (Do ot include unusual grants. See line 28.) . embership fees received	(a) 2005	(b) 2004	(c) 2003	(d) 200)2	(e) Total
16 Me 17 Gr so fac	ent include unusual grants. See line 28.) embership fees received coss receipts from admissions, merchandise lid or services performed, or furnishing of						
16 Me 17 Gr so fac	embership fees received				ł		
17 Gr so fac	oss receipts from admissions, merchandise						
so fac	ld or services performed or furnishing of						
org	ganization's charitable, etc., purpose						
an Ioa un se	oss income from interest, dividends, nounts received from payments on securities ans (section 512(a)(5)), rents, royalties, and related business taxable income (less ction 511 taxes) from businesses acquired the organization after June 30, 1975						
	et income from unrelated business tivities not included in line 18,						
be	x revenues levied for the organization's enefit and either paid to it or expended on behalf						
the wi se	te value of services or facilities furnished to e organization by a governmental unit thout charge. Do not include the value of ervices or facilities generally furnished to the ablic without charge.						
	ther income. Attach a schedule. Do not clude gain or (loss) from sale of capital assets						
	otal of lines 15 through 22		-				
	ne 23 minus line 17						-
25 Er	nter 1% of line 23						
26 Oı	rganizations described on lines 10 or 11:	a Enter 2% of	amount in colur	nn (e), line 24	•	26a	
b Pr	epare a list for your records to show the name	ne of and amoun	t contributed by	each person (oth	er than a		
-	overnmental unit or publicly supported organiz nount shown in line 26a. Do not file this list wi	•	•	_		26b	
	otal support for section 509(a)(1) test: Enter lin	-				26c	
	dd: Amounts from column (e) for lines: 18	, ,					
u A						26d	
e Pi	ublic support (line 26c minus line 26d total)					26e	
	ublic support percentage (line 26e (numera					26f	%
27 Or	rganizations described on line 12: a Fo erson," prepare a list for your records to show o not file this list with your return. Enter the	r amounts include the name of, and e sum of such an	ded in lines 15, total amounts re nounts for each	16, and 17 that veceived in each year:	were receiv ar from, eac	ed from th "disqu	a "disqualified ualified person."
	005) (2004)						
sh (in the an	or any amount included in line 17 that was received the name of, and amount received for each clude in the list organizations described in lines 5 e difference between the amount received and nounts) for each year:	year, that was mo through 11b, as t the larger amount	re than the larger well as individuals t described in (1)	r of (1) the amount s.) Do not file this li or (2), enter the s	on line 25 for ist with your sum of these	or the ye r return. e differer	ar or (2) \$5,000 After computing nces (the excess
(20	005) (2004)	• • • • • • • • • • • • • • • • • • • •	. (2003)		. (2002) .		•
c Ac	dd: Amounts from column (e) for lines: 15		16		_	اسما	
	17 20 .					27c	
	dd: Line 27a total					27e	
	ublic support (line 27c total minus line 27d to				▶	210	
_	otal support for section 509(a)(2) test: Enter a					270	ـ بـ مد
•	ıblic support percentage (line 27e (numera vestment income percentage (line 18, colu		•	**		27g 27h	<u>%</u> %
	nusual Grants: For an organization describe					•	

Sched Par		-1328	290/F	age 5					
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			T 84 .					
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No					
	other governing instrument, or in a resolution of its governing body?	25	_	<u> </u>					
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	✓	<u> </u>					
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_	✓						
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) The Golden Transcriptpublished December 2006			,					
32	Does the organization maintain the following:								
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	✓	ļ					
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32b	1						
_	basis?	325	•	 					
G	with student admissions, programs, and scholarships?	32c	1						
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	✓	<u> </u>					
	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.								
а	Students' rights or privileges?	33a		✓_					
b	Admissions policies?	33b		1					
c	Employment of faculty or administrative staff?	33c		✓_					
d	Scholarships or other financial assistance?	33d		1					
е	Educational policies?	33e		-					
	Use of facilities?	33f		1					
•	oscoriacinics;								
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		1					
b	Has the organization's right to such aid ever been revoked or suspended?	34b		1					
	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								

Sche	dule A (Form 990 or 990-EZ) 2006 Ability	Plus Aca	demy of (olorad	lo.Ir	rc. 84-	/32880/ Page 6
Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by an					instruction	N/A
Chec	ck ▶ a ☐ if the organization belongs to an affilia					"limited contr	ol" provisions apply.
	Limits on Lobbyin (The term "expenditures" mea				,	(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying)		36		
37	Total lobbying expenditures to influence a legis				37		
38	Total lobbying expenditures (add lines 36 and	, ,			38		
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add lines				40		
41	Lobbying nontaxable amount. Enter the amount	nt from the follow	ing table				
	If the amount on line 40 is— The k	obbying nontaxa	ıble amount is—				
	Not over \$500,000 20%	of the amount on	line 40]			
	Over \$500,000 but not over \$1,000,000 . \$100,0	•					
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	•			41		
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•		1			
40		•			42		
42 40	Grassroots nontaxable amount (enter 25% of li	•			43		
43 44	Subtract line 42 from line 36. Enter -0- if line 4 Subtract line 41 from line 38. Enter -0- if line 4				44		
•	Subtract line 41 from line 30. Lines 40° if line 4	r is more than in	ie 56				
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	20.			
	4-Year Av (Some organizations that made a section See the instructions for	n 501(h) election		omplete all	of the fi		below.
		Lob	bying Expenditu	res During	4-Year	Averaging	Period
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004		(d) 2003	(e) Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))				_		
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50 Pa	Grassroots lobbying expenditures	ting Public C	harities				
	(For reporting only by organiza	tions that did	not complete I	····		 	the instructions.)
	ng the year, did the organization attempt to influmpt to influmpt to influence public opinion on a legislative m				ding any	Yes N	o Amount
		latter or reference	um, mougn me	use oi.			/
_	Volunteers	on in expenses s	oported on lines	 A through b	`	•	/
b	_ · · · · · · · · · · · · · · · · · · ·	on in expenses i	•	o unough H	·/· ·	.	/ 0
d	Mailings to members, legislators, or the public						′ 0
e	Publications, or published or broadcast statem						/ 0
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, government						
h	Rallies, demonstrations, seminars, conventions					. ├──┴◀	/ 0
i	Total lobbying expenditures (Add lines c through						0
	If "Yes" to any of the above, also attach a stat	ement giving a d	etalled descriptio	n of the lob	bying ac	πivπies.	

Sche	dule A	(Form 990 or 990-EZ)	2006 Hbilis	ty Plus Academy of	Colorado Inc.	84-132PF	0/ Page 7
Pai	t VI		n Regarding T	ransfers To and Transace page 13 of the instruction	ctions and Relations		
51				indirectly engage in any of the 11(c)(3) organizations) or in section			
а	Trai	nsfers from the rep	orting organization	to a noncharitable exempt orga	nization of:		Yes No
	a	Cash				51a(i)	
	(ii)	Other assets .				a(ii)	√
L	٠,					• • • •	
b		er transactions:				La La	
	• • •	v		noncharitable exempt organizat		<u>b(i)</u>	√
	(ii)	Purchases of asse	ets from a nonchar	itable exempt organization		<u>b(ii)</u>	1
	(iii)	Rental of facilities	s, equipment, or oth	nerassets		b(iii)	✓
	(iv)	Reimbursement a	rrangements			b(iv)	✓
		Loans or loan gua	=			b(v)	✓
	(vi) Performance of services or membership or fundraising solicitation					b(vi)	1
				•			
c Sharing of facilities, equipment, mailing lists, other assets, or paid employed					•	<u>C</u>	
d	goo	ds, other assets, o	r services given by	complete the following schedule the reporting organization. If the column (d) the value of the good	ne organization received le	ss than fair market	
(2	a)	(b)		(c)		(d)	
Line		Amount involved	Name of nonc	charitable exempt organization	Description of transfers, tran	sactions, and sharing an	rangements
						·····	
			_				
						<u> </u>	
			<u> </u>			<u> </u>	
							
			j				
		-					
				 			
						 	
				 			
	des		01(c) of the Code (affiliated with, or related to, on other than section 501(c)(3)) or in the contract of the con		ganizations ▶ ☐ Ye s	B 🛭 No
		(a)		(b)		(c)	
		Name of organiz	ation	Type of organization	Description	on of relationship	
			· · ·				
						**	· -
		 					
		<u> </u>		 			
				<u> </u>			
						<u> </u>	
-				<u> </u>			
				<u></u>			
			-				·

Department of the Treat Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Sequence No. 67

See separate instructions. Name(s) shown on return Business or activity to which this form relates Identifying number Fom 990 EZ 84-1328801 Ability Plus Academy of Colorado, Inc. **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. \$108,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 0 2 Total cost of section 179 property placed in service (see instructions) . 2 3 \$430,000 Threshold cost of section 179 property before reduction in limitation 4 0 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 108,000 separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 0 0 6 0 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7... 0 9 Tentative deduction. Enter the smaller of line 5 or line 8. 0 10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562 . . . 10 0 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 0 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 12 0 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 ▶ 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed 14 0 property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 0 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 107 MACRS deductions for assets placed in service in tax years beginning before 2006 . . . 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction year placed in (business/investment use period service only-see instructions) 0 3-year property S/L 32 b 5-year property 5 yr 0 7-year property C 0 d 10-year property 0 e 15-year property f 20-year property 0 S/L 0 25-year property 25 yrs. 27.5 yrs. MM S/L h Residential rental 27.5 yrs. MM S/L 0 property MM 39 yrs. S/L i Nonresidential real MM S/L 0 Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 0 S/L 20a Class life S/L 0 b 12-year 12 yrs. S/L c 40-year 40 yrs. MM 0 Summary (see instructions) Part IV 0

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Listed property. Enter amount from line 28 .

139

21

Ability Plus Aca	ndemy of Colorado, Inc	84-1328801	2006 990-EZ
Additional State	ment		
Part I, Line 16	Other Expenses		
	Supplies Telephone Education Travel Depreciation Expense Bank Charges Delivery Costs Insurance License & Permit Fees		4145 1328 1100 2152 139 72 321 438 8575
		Tota	al 18,270

Ability Plus Academy of Colorado, Inc.

2006

84-1328801

Depreciation Schedule:

_			• •		
ŀι	15	7	14		-
1 L	41		12.	u	

Fumiture					
	Date		5yr S/L	Beginning	Ending
Р	<u>urchased</u>	Cost	Depr Exp	Accum	<u>Accum</u>
_					
	1998	3,619		3,619	3,619
	1999	1,067		1067	1,067
	2002	163	33	115	148
	2006	125	10	0	10
Total furnitur	e	4,974	43	4,801	4,844
Computer &	Office Equipment				
•	1999	1,527		1,527	1,527
	2000	2,700		2,700	2,700
	2005	370	74	37	111
Total Computer		4,597	74	4,264	4,338
Library					
-	1999	1,814		1,814	1,814
	2006	558	22	0	22
Total library		2,372	22	1,814	1,836
Total fixed assets		11,943	139	10,879	11,018
Book value		<u>0</u>		•	