

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 7/1/2006, 2006, and ending 6/30/2007, 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
ENSIGHT SKILL CENTER
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3307 S College Suite 108
 City or town, state or country, and ZIP + 4
Fort Collins, CO 80525

D Employer identification number
84 1598698

E Telephone number
 (**970**) **407-9999**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ **www.ensightskills.org/**

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

K Check here ▶ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **206850**

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

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Contributions to donor advised funds	1a		0		
	b Direct public support (not included on line 1a)	1b		62,406		
	c Indirect public support (not included on line 1a)	1c		0		
	d Government contributions (grants) (not included on line 1a)	1d		0		
	e Total (add lines 1a through 1d) (cash \$ 61,614 noncash \$ 792)	1e			62,406	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			60,910	
	3 Membership dues and assessments	3			0	
	4 Interest on savings and temporary cash investments	4			1,900	
	5 Dividends and interest from securities	5			0	
	6a Gross rents	6a		0		
	b Less: rental expenses	6b		0		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			0		
7 Other investment income (describe ▶)	7			0		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
	0	8a	0			
	0	8b	0			
	0	8c	0			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>	See Statement 1					
	a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a		13,916		
	b Less: direct expenses other than fundraising expenses	9b		5,208		
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			8,708		
10a Gross sales of inventory, less returns and allowances Stmt 2 10a	67,568					
	b Less: cost of goods sold	10b		45,262		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			22,306		
11 Other revenue (from Part VII, line 103)	11			150		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			156,380		
Expenses	13 Program services (from line 44, column (B))	13		124,707		
	14 Management and general (from line 44, column (C))	14		28,938		
	15 Fundraising (from line 44, column (D))	15		14,707		
	16 Payments to affiliates (attach schedule)	16		0		
	17 Total expenses. Add lines 16 and 44, column (A)	17			168,352	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-11,972		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		103,115		
	20 Other changes in net assets or fund balances (attach explanation)	20		0		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			91,143	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b	Other grants and allocations (attach schedule) (cash \$ <u>17,465</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 17,465	17,465		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 23,311	2,815	14,749	5,747
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 52,329	42,380	3,424	6,525
27	Pension plan contributions not included on lines 25a, b, and c	27 0	0	0	0
28	Employee benefits not included on lines 25a - 27	28 1,524	1,444	80	0
29	Payroll taxes	29 5,786	3,457	1,390	939
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 0	0	0	0
32	Legal fees	32 0	0	0	0
33	Supplies	33 4,686	3,775	258	653
34	Telephone	34 2,143	1,541	596	6
35	Postage and shipping	35 2,838	2,509	329	0
36	Occupancy	36 23,481	19,959	3,522	0
37	Equipment rental and maintenance	37 595	574	21	0
38	Printing and publications	38 2,116	1,225	791	100
39	Travel	39 285	0	285	0
40	Conferences, conventions, and meetings	40 2,579	1,285	657	637
41	Interest	41 0	0	0	0
42	Depreciation, depletion, etc. (attach schedule)	42 0	0	0	0
43	Other expenses not covered above (itemize): See Statement 4	43a 29,214	26,278	2,836	100
a	-----	43b			
b	-----	43c			
c	-----	43d			
d	-----	43e			
e	-----	43f			
f	-----	43g			
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 168,352	124,707	28,938	14,707

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► non-profit low vision rehabilitation</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a See Statement 5</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p>	<p>124,707</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	14,143	45	3,685
	46 Savings and temporary cash investments	29,042	46	28,442
	47a Accounts receivable	10,347		
	b Less: allowance for doubtful accounts	0	18,886	47c
				10,347
	48a Pledges receivable	0		
	b Less: allowance for doubtful accounts	0	0	48c
				0
	49 Grants receivable		0	49
				0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a
				0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		0	50b
				0
	51a Other notes and loans receivable (attach schedule)	0		
	b Less: allowance for doubtful accounts	0	0	51c
				0
	52 Inventories for sale or use		25,765	52
				23,757
	53 Prepaid expenses and deferred charges		0	53
			0	
54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	
			0	
b Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	
			0	
55a Investments—land, buildings, and equipment: basis	23,660			
b Less: accumulated depreciation (attach schedule) See Statement 6	0	22,357	55c	
			23,660	
56 Investments—other (attach schedule)		0	56	
			0	
57a Land, buildings, and equipment: basis	0			
b Less: accumulated depreciation (attach schedule)	0	0	57c	
			0	
58 Other assets, including program-related investments (describe ▶ See Statement 7)		0	58	
			5,594	
59 Total assets (must equal line 74). Add lines 45 through 58		110,193	59	
			95,485	
Liabilities	60 Accounts payable and accrued expenses	7,078	60	4,342
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63
				0
	64a Tax-exempt bond liabilities (attach schedule)		0	64a
	b Mortgages and other notes payable (attach schedule)		0	64b
				0
65 Other liabilities (describe ▶)		0	65	
			0	
66 Total liabilities. Add lines 60 through 65		7,078	66	
			4,342	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	88,260	67	85,898
	68 Temporarily restricted	14,855	68	5,245
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		103,115	73
				91,143
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		110,193	74	
			95,485	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total revenue (Part I, line 12). Add lines c and d ▶		e	

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

a Total expenses and losses per audited financial statements		a	
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d ▶		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, 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 & deferred compensation plans	(E) Expense account and other allowances
See Statement 8				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

Table with 3 columns: Question, Yes, No. Includes rows 75a, 75b, 75c, 75d with checkboxes and numerical entries.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Includes rows 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b with checkboxes and numerical entries.

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>9,570</u>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), 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 85a 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) 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?		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	b Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. 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.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<input checked="" type="checkbox"/>
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<input checked="" type="checkbox"/>
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<input checked="" type="checkbox"/>
90a	List the states with which a copy of this return is filed None		
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b <u>4</u>	
91a	The books are in care of Steven Norton Telephone no. 970-407-9999 Located at 3307 South College Ave Suite 108, Fort Collins, CO ZIP + 4 80525		
	b 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	91b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 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** |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Fees for low vision exams and training					8,426
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					52,484
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			41	1,900	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			41	8,708	
102 Gross profit or (loss) from sales of inventory			05	22,306	
103 Other revenue: a Fee for tax collection	446130	150			
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		150		32,914	60,910
105 Total (add line 104, columns (B), (D), and (E)) ▶					93,974

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a				
b				
c				
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: _____ Date: _____

Tobey Yadon, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____

Phone no.: () _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

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

2006

Name of the organization ENSIGHT SKILL CENTER	Employer identification number 84 : 1598698
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Part I 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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

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 ▶	0	

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 ▶	0	

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	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.)		
a	Sale, exchange, or leasing of property?	2a	✓
b	Lending of money or other extension of credit?	2b	✓
c	Furnishing of goods, services, or facilities?	2c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e	Transfer of any part of its income or assets? See Form 990, Pt. V	2e	✓
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.) Stmt. 12	3a	✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
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	✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	✓
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	✓
c	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 ▶		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
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

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33½%** 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 33½%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(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	
Total					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	80,034	78,675	75,106	33,558	267,373
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	53,078	13,740	52,585	12,266	131,669
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	256	46	41	109	452
19 Net income from unrelated business activities not included in line 18.	3,977	4,831	5,665	0	14,473
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	137,345	97,292	133,397	45,933	413,967
24 Line 23 minus line 17	84,267	83,552	80,812	33,667	282,298
25 Enter 1% of line 23	1,373	973	1,334	459	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶				26a	5,646
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶				26b	0
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶				26c	282,298
d Add: Amounts from column (e) for lines: 18 <u>452</u> 19 <u>14,473</u> 22 <u>0</u> 26b <u>0</u> ▶				26d	14,925
e Public support (line 26c minus line 26d total) ▶				26e	267,373
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶				26f	95 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶				27c	
d Add: Line 27a total _____ and line 27b total _____ ▶				27d	
e Public support (line 27c total minus line 27d total) ▶				27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶				27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶				27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶				27h	%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 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?		
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?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	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?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	} 41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h .)			0

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

Statement 1

Form: 990

Page: 1

Part: I

Question: 9

ENSIGHT SKILL CENTER**84-1598698****Schedule of Special Events**

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Poker Tournament	\$9,350.00	\$0.00	\$9,350.00	\$3,958.00	\$5,392.00
Beer Tasting	\$4,566.00	\$0.00	\$4,566.00	\$1,250.00	\$3,316.00
Total:	\$13,916.00	\$0.00	\$13,916.00	\$5,208.00	\$8,708.00

Statement 2

Form: 990

Page: 1

Part: I

Question: 10

ENSIGHT SKILL CENTER

84-1598698

Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
Low vision aids and services	\$67,568.00	\$45,262.00	\$22,306.00
Total:	\$67,568.00	\$45,262.00	\$22,306.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 22

ENSIGHT SKILL CENTER

84-1598698

Grants and Allocations

Classification Scholarships

101 individuals

Date:

Type: Cash

Address: 3307 South College Ave Suite 108

Grant Amt \$17,465.00

Fort Collins, CO 80525

United States

Purp of payment to affiliate

Relationship: Clients

Description of Property:

How Determined

Book Value of Property:

FMV of Property:

Total Grants:

\$17,465.00

Statement 4

Form: 990

Page: 2

Part: II

Question: 43

ENSIGHT SKILL CENTER**84-1598698****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundraising
Outside computer services	\$150.00	\$150.00	\$0.00	\$0.00
Insurance - non-employee	\$1,946.00	\$551.00	\$1,395.00	\$0.00
Capital purchases	\$252.00	\$252.00	\$0.00	\$0.00
Membership dues	\$1,435.00	\$677.00	\$758.00	\$0.00
Cash over/short (rounding error)	\$7.00	\$7.00	\$0.00	\$0.00
Taxes	\$73.00	\$55.00	\$18.00	\$0.00
Professional fees	\$16,092.00	\$16,092.00	\$0.00	\$0.00
Bank charges	\$987.00	\$987.00	\$0.00	\$0.00
Staff development	\$6,010.00	\$5,364.00	\$646.00	\$0.00
Advertising	\$2,262.00	\$2,143.00	\$19.00	\$100.00
Total:	\$29,214.00	\$26,278.00	\$2,836.00	\$100.00

Statement 5

Form: 990

Page: 3

Part: III

Question:

ENSIGHT SKILL CENTER

84-1598698

Program Services

Achievement	Pgm. Svc. Exp.
Independent Living Skills Instruction: Provided free or reduced cost low vision aids, training, and evaluation to low vision clients regardless of ability to pay (3327 Clients)	\$124,707.00
Grants and Allocations: \$17,465.00 This amount includes foreign grants: No	
	Total: \$124,707.00

Statement 6

Form: 990

Page: 4

Part: IV

Question: 55

ENSIGHT SKILL CENTER

84-1598698

Schedule of Investment Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Equipment - clinical	\$11,810.00	\$0.00	\$11,810.00
Equipment - other	\$11,681.00	\$0.00	\$11,681.00
Furniture	\$144.00	\$0.00	\$144.00
Buildings - operating	\$25.00	\$0.00	\$25.00
Total:	\$23,660.00	\$0.00	\$23,660.00

Statement 7

Form: 990

Page: 4

Part: IV

Question: 58

ENSIGHT SKILL CENTER

84-1598698

Other Assets

Asset Description	BOY Amount	EOY Amount
Undeposited funds	\$0.00	\$2,165.00
Funds held in trust by others	\$0.00	\$3,429.00
Total:	\$0.00	\$5,594.00

Statement 8

Form: 990

Page: 5

Part: V

Question:

ENSIGHT SKILL CENTER**84-1598698****Officers, Directors, Trustees, and Key Employees**

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Denny Bettenhausen Title: Exec Director/CEO Addr 1: 3307 South College Ave Suite 108 Addr 2: CSZ: Fort Collins, CO 80525 Country: United States	50	\$38,833.00	\$0.00	\$0.00
Joe Skelton Title: Chairman Addr 1: 861 Stove Prairie Road Addr 2: CSZ: Bellvue, CO 80512 Country: United States	4	\$0.00	\$0.00	\$0.00
Peter Johansen Title: Board Member Addr 1: 3024 Eastgate Lane Addr 2: CSZ: Fort Collins, CO 80525 Country: United States	2	\$0.00	\$0.00	\$0.00
Robert Unfug Title: Board Member Addr 1: 3307 S College Addr 2: CSZ: Fort Collins, CO 80525 Country: United States	2	\$0.00	\$0.00	\$0.00
Ron Lockner Title: Board Member Addr 1: 3307 S College Addr 2: CSZ: Fort Collins, CO 80525 Country: United States	2	\$0.00	\$0.00	\$0.00
Susan Peterson Title: Secretary Addr 1: 4218 Saddle Notch Drive Addr 2: CSZ: Fort Collins, CO 80525 Country: United States	2	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Tobey Yadon Title: Treasurer Addr 1: 2701 Dixon Cteek Lane Addr 2: CSZ: Fort Collins, CO 80526 Country: United States	15	\$0.00	\$0.00	\$0.00
Tyler James Title: Board Member Addr 1: 2478 Hampstead Dr Addr 2: CSZ: Loveland, CO 80538 Country: United States	2	\$0.00	\$0.00	\$0.00
Vicki Pearson Title: Board Member Addr 1: 610 41st Avenue Addr 2: CSZ: Greeley, CO 80634 Country: United States	2	\$0.00	\$0.00	\$0.00
TOTALS		\$38,833.00	\$0.00	\$0.00

Statement 9

Form: 990

Page: 6

Part: VI

Question: 80 b

ENSIGHT SKILL CENTER

84-1598698

Related Organizations

Description	Exempt
Fort Collins Lions Club	Yes

Statement 10

Form: 990

Page: 8

Part: VIII

Question:

ENSIGHT SKILL CENTER

84-1598698

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	Fees for low vision exams and training
93 f	Fees for low vision exams and training

Statement 11

Form: 990

Page: None

Part: None

Question: None

ENSIGHT SKILL CENTER

84-1598698

Reasonable Cause Explanation

Reasonable Cause Explanation

We just received the accountant's review of our 2006/2007 financial statements on 11/14/2007, and it took a couple of days to complete the form 990.

Statement 12
Form: Schedule A
Page: 2
Part: III
Question: 3a

ENSIGHT SKILL CENTER
84-1598698

Explanation of Grant Determination

Explanation of grant qualifications

Sliding scale fees are based on household size, income and ability to pay. Income eligibility forms are submitted and approved by our staff based on established guidelines.