

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	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 South College Avenue 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 Group Exemption Number . . . ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.ensightskills.org

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **536,478**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	319,135
	2 Program service revenue including government fees and contracts	2	101,404
	3 Membership dues and assessments	3	0
	4 Investment income	4	258
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	20,109
	b Less: direct expenses other than fundraising expenses	6b	5,767
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14,342	
7a Gross sales of inventory, less returns and allowances	7a	95,572	
b Less: cost of goods sold	7b	61,700	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	33,872	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	469,011	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	198,148
	13 Professional fees and other payments to independent contractors	13	36,457
	14 Occupancy, rent, utilities, and maintenance	14	40,242
	15 Printing, publications, postage, and shipping	15	9,353
	16 Other expenses (describe ▶ See Statement 2)	16	129,215
17 Total expenses. Add lines 10 through 16.	17	413,415	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	55,596
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	115,099
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3	20	-84
	21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	170,611

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		121,039	22	186,845
23 Land and buildings		0	23	0
24 Other assets (describe ▶ _____)		0	24	0
25 Total assets		121,039	25	186,845
26 Total liabilities (describe ▶ See Statement 4)		5,940	26	16,234
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		115,099	27	170,611

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I		✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ CO		
42a	The books are in care of ▶ Steven Norton Telephone no. ▶ (970) 407-9999 Located at ▶ 3307 South College Ave Suite 108, Fort Collins, CO 80525 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			✓
c	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: ▶		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- | | | Yes | No |
|--|------------|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | ✓ |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | ✓ |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 . . . ►		

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.

Sign Here

► Signature of officer _____ Date _____

► **Steven Norton, Business Manager**

► 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 ► _____ Preparer's Identifying Number (See instructions)

EIN ► _____ Phone no. ► () _____

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78,675	80,034	85,050	153,210	319,135	716,104
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1-3	78,675	80,034	85,050	153,210	319,135	716,104
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						716,104

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	78,675	80,034	85,050	153,210	319,135	716,104
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						716,104
12 Gross receipts from related activities, etc. (see instructions)				12		0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.04 %
16a 33⅓% support test—2008. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33⅓% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Fundraising break (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
Revenue	1 Gross receipts	20,109			20,109
	2 Less: Charitable contributions	0			0
	3 Gross revenue (line 1 minus line 2)	20,109			20,109
Direct Expenses	4 Cash prizes	0			0
	5 Non-cash prizes	0			0
	6 Rent/facility costs	0			0
	7 Other direct expenses	5,767			5,767
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(5,767)
9 Net income summary. Combine lines 3 and 8 in column (d) ▶				14,342	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

			Yes	No
13 Indicate the percentage of gaming activity operated in:	a The organization's facility	13a	%	
	b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?				15a
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$, and the amount of gaming revenue retained by the third party ▶ \$				
c If "Yes," enter name and address:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided ▶				
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				17a
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$				

Statement 1 : Reasonable Cause Explanations

Statement 2 : Other Expenses Schedule

Statement 3 : Other Changes In Net Assets Schedule

Statement 4 : Liabilities Schedule

Statement 5 : Officers, Directors, Trustees and Key Employees Compensation

Statement 1
Form: 990-EZ
Page: 1
Line Number:

ENSIGHT SKILL CENTER
84-1598698

Reasonable Cause Explanations

Explanation

We did not receive our reviewed financial statements from our volunteer financial advisor until this week, and we use the reviewed financial statements to complete our form 990-EZ

Statement 2

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

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84-1598698

Other Expenses Schedule

Description	Amount
Scholarships for equipment and services to low-income clients	\$33,972
Telephone and telecommunications	\$9,013
Supplies	\$9,726
Travel	\$4,219
Meeting and conference expenses	\$3,151
Insurance	\$2,857
Membership dues	\$2,769
Staff development and training	\$2,674
Computer services and support	\$5,112
Advertising and marketing expenses	\$27,930
Bank/credit card processing expenses	\$3,182
Optometric equipment	\$24,610
Total:	\$129,215

Statement 3

Form: 990-EZ

Page: 1

Line Number: Part I Line 20

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84-1598698

Other Changes In Net Assets Schedule

Description	Amount
Adjustment	(\$84)
Total:	(\$84)

Statement 4

Form: 990-EZ

Page: 1

Line Number: Part II Line 26

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84-1598698

Liabilities Schedule

Description	BOY Amount	EOY Amount
Accounts payable, accrued payroll taxes, and sales taxes payable	\$5,940	\$16,234
Total:	\$5,940	\$16,234

Statement 5

Form: 990-EZ

Page: 2

Line Number: Part IV

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

Name and address	Title and Hours	Compensation	Benefits	Expense
Lynn Karowsky 3307 South College Avenue Suite 108 Fort Collins, CO 80525	Board Member 1	\$0	\$0	\$0
Ron Lockner 3307 South College Avenue Fort Collins, CO 80525	Board Member 1	\$0	\$0	\$0
Tyler James 2478 Hampstead Drive Loveland, CO 80538	Board Member 1	\$0	\$0	\$0
Denny Bettenhausen 3307 South College Avenue Suite 108 Fort Collins, CO 80525	Exec Director/CEO 50	\$60,000	\$0	\$0
Joe Skelton 861 Stove Prairie Road Bellvue, CO 80512	Chairman 1	\$0	\$0	\$0
Susan Peterson 4218 Saddle Notch Drive Fort Collins, CO 80525	Secretary 1	\$0	\$0	\$0
Margaret Spiller 3307 South College Avenue Suite 108 Fort Collins, CO 80525	Board Member 1	\$0	\$0	\$0
Vicki Pearson 610 41st Avenue Greeley, CO 80634	Board Member 1	\$0	\$0	\$0
Deems Hargleroad 3307 South College Avenue Suite 108 Fort Collins, CO 80525	Board Member, Treasurer 1	\$0	\$0	\$0
Cathy Pergola 3307 South College Avenue Suite 108 Fort Collins, CO 80525	Board Member 1	\$0	\$0	\$0
Dave Mendenhall 3307 South College Avenue Suite 108 Fort Collins, CO 80525	Board Member 1	\$0	\$0	\$0
Wayne Babros 3307 South College Avenue Suite 108 Fort Collins, CO 80525	Board Member 1	\$0	\$0	\$0
Dan Smith 3307 South College Avenue Suite 108 Fort Collins, CO 80525	Board Member 1	\$0	\$0	\$0
Total:		\$60,000	\$0	\$0