Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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.

OMB No. 1545-1150

2008

Open to Public Inspection

Α	For the	2008 calend	lar year	, or tax year beginning	07/01, 2008, and en	ding			06/30, 20 09
В	Check if ap	ino i				er iden	tification number		
	Address of	I label or LIVOIGITI SIXIEL CLIVIEIX			84	1598698			
Ц	Name cha	print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Teleph				one nur	mber		
\vdash	Initial retu	return type. 2307 South College Avenue Suite 108)	407-9999	
H	Termination	Specific					,		
	Amended Applicatio		Instruc- tions.	Fort Collins, CO 80525			F Group Numbe		tion ▶
	• Section	on 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable t	rusts must attach	G Accou	unting met	nod:	Cash Accrual
_			a con	npleted Schedule A (Form 990 or 990-EZ).		Other	(specify)	•	
. ,	Websit	www	.ensig	htskills.org		1			rganization is not
				nly one)- ✓ 501(c) (3) ⊲ (insert no.)	947(a)(1) or 527		EZ, or 990-		edule B (Form 990,
				on is not a section 509(a)(3) supporting organization		nts are nor	mally not m	ore tha	an \$25,000. A return is
				ization chooses to file a return, be sure to file a		p to a. o o			
				ne 9 to determine gross receipts; if \$1,000,000 or				▶ \$	536,478
P	art I	Revenue	, Expe	enses, and Changes in Net Assets o	r Fund Balances	(See the	instruction	ons fo	
	1	Contributio	ns, gifts	s, grants, and similar amounts received				1	319,135
	2	Program s	ervice i	revenue including government fees and co	ntracts		📙	2	101,404
	3	Membersh	ip dues	s and assessments			📙	3	0
	4	Investment					💄	4	258
	5a	Gross amo	ount fro	om sale of assets other than inventory .	5a		0		
	b			er basis and sales expenses			0		
	С			sale of assets other than inventory (Subtract		attach sch	edule) .	5c	0
Revenue	6		-	ivities (complete applicable parts of Schedule G). If any a					
/en	а			ot including \$ of con					
3è	_ ~		,	5 ·			20,109		
_	h	reported on line 1)							
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c	14,342
									,
	7a				7h		61,700		
	b	Less: cost	_					7c	33,872
	C	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						8	00,0.2
	8			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			/	9	469,011
_								10	0
	10			r amounts paid (attach schedule)			⊢		0
	11			or for members				11	
ses	12			empensation, and employee benefits .				12	198,148
Expenses	13			and other payments to independent contra			-	13	36,457
×	14		-	utilities, and maintenance			-	14	40,242
ш	15	Printing, p	ublicati	ons, postage, and shipping				15	9,353
	16							16	129,215
	17							17	413,415
ts	18	Excess or	(deficit)) for the year (Subtract line 17 from line 9)			🛓	18	55,596
Assets	19			nd balances at beginning of year (from lir					
Ğ	20 Other changes in net assets or fund balances (attach explanation) See Statement 3							19	115,099
let							📙	20	-84
_	21			d balances at end of year. Combine lines				21	170,611
Pa	art II	Balance	Sheets	s. If Total assets on line 25, column (B) ar	e \$2,500,000 or mo	re, file For	m 990 ins	stead o	of Form 990-EZ.
(See the instructions for Part II.) (A) Beginning of year (B) End of year									
22	2 Cash	h, savings. a	and inv	estments			121,03	9 22	186,845
23								0 23	0
24				>				0 24	0
25	Tota	al assets					121,03	9 25	186,845
26	Tota	al liabilities	(describ	ne ► See Statement 4			5,94	0 26	16,234
	EO TOTAL HADIITIES (ACCOUNCE -						115,09	9 27	170,611

Form 990-EZ (2008) Page **2**

(,					- 3 -	
			III.)		Expenses	
What is the organization's primary exempt purpose? non-profit low vision rehabilitation						
cribe what was achieved in carrying out the organiz	ise manner,	and	(4) organizations 4947(a)(1) trusts;			
· · · · · · · · · · · · · · · · · · ·				optio	onal for others.)	
		ision aids, trainir	ng, and			
evaluation to low vision clients regardless of abi	lity to pay (250 Clients)					
(O) If this are set in all				00-	¢254 402	
				28a	\$351,403	
				29a		
				30a		
(Grants \$) If this amount incl	udes foreign grants, check	here	<u>. ▶ ⊔</u>		0.74.400	
					351,403	
List of Officers, Directors, Trustees, and Key		· · · · · · · · · · · · · · · · · · ·			(e) Expense	
(a) Name and address	hours per week	`´(If not paid,	employee benefit	plans &	account and other allowances	
e Statement 5	devoted to position	enter -oj	uelelleu compei	isaliuli	Other allowances	
	at is the organization's primary exempt purpose? Incribe what was achieved in carrying out the organization the services provided, the number of persons be Independent Living Skills Instruction: Provided for evaluation to low vision clients regardless of about the evaluation to low vision clients regardless of about the evaluation to low vision clients regardless of about the evaluation to low vision clients amount inclied. (Grants \$) If this amount inclied the program services (attach schedule)	at is the organization's primary exempt purpose? non-profit low vision rehabilities what was achieved in carrying out the organization's exempt purposes. In cribe the services provided, the number of persons benefited, or other relevant information in the services provided, the number of persons benefited, or other relevant information. Independent Living Skills Instruction: Provided free or reduced cost low vision clients regardless of ability to pay (250 Clients) (Grants \$ \$0) If this amount includes foreign grants, check (Grants \$) If this amount includes foreign grants, check (Gra	at is the organization's primary exempt purpose? non-profit low vision rehabilitation ciribe what was achieved in carrying out the organization's exempt purposes. In a clear and concribe the services provided, the number of persons benefited, or other relevant information for each purposes. In a clear and concribe the services provided, the number of persons benefited, or other relevant information for each purposes. In a clear and concribe the services provided, the number of persons benefited, or other relevant information for each purposes. In a clear and concribe the services provided, the number of persons benefited, or other relevant information for each purposes. In a clear and concribe what was achieved to position and concribe what was achieved here or reduced cost low vision aids, training evaluation to low vision clients regardless of ability to pay (250 Clients). (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensate hours per week devoted to position (Group concentration of the paid, enter-0-1) e Statement 5	at is the organization's primary exempt purpose? non-profit low vision rehabilitation scribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, cribe the services provided, the number of persons benefited, or other relevant information for each program title. Independent Living Skills Instruction: Provided free or reduced cost low vision aids, training, and evaluation to low vision clients regardless of ability to pay (250 Clients) (Grants \$ \$0 If this amount includes foreign grants, check here	at is the organization's primary exempt purpose? non-profit low vision rehabilitation cribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, ortibe the services provided, the number of persons benefited, or other relevant information for each program title. Independent Living Skills Instruction: Provided free or reduced cost low vision aids, training, and evaluation to low vision clients regardless of ability to pay (250 Clients) (Grants \$ \$0) If this amount includes foreign grants, check here	

Pa	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	33		~
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	34		V
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		~
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 Did the organization file Form 1120-POL for this year?	37b		v
	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?	38a		V
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright			
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	40b		~
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		V
41	List the states with which a copy of this return is filed. ► CO	44	77.00	20
42a	The books are in care of ► Steven Norton Located at ► 3307 South College Ave Suite 108, Fort Collins, CO 80525 ZIP + 4 ►	805)7-999 25	
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		Yes	No
	account)?	42b		~
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year \ 43			▶ □
	and onto the amount of tax exempt interest received of accided during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		~
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	45		V

Page 4 Form 990-EZ (2008) Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 Part VI and complete the tables for lines 50 and 51. No Yes 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 46 candidates for public office? If "Yes," complete Schedule C, Part I . 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. 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b **b** If "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who 50 each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average (c) Compensation (d) Contributions to (e) Expense (a) Name and address of each employee paid more employee benefit plans & hours per week account and than \$100,000 devoted to position deferred compensation other allowances None Total number of other employees paid over \$100,000 ► 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 \triangleright 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 Signature of officer Here Date Steven Norton, Business Manager Type or print name and title. Check if Date Preparer's Identifying Number (See instructions) Preparer's Paid selfsignature employed ▶ Preparer's

Firm's name (or yours

if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

EIN

Phone no. ▶

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 84 1598698 **ENSIGHT SKILL CENTER** Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II **c** Type III–Functionally integrated **d** Type III–Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) U.S.? support? Yes Yes Nο Yes No Nο

Total

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.)

endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(a) 2004 78,675	(b) 2005 80,034	(c) 2006 85,050	(d) 2007	(e) 2008	(f) Total	
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	78,675	80,034	85,050				
benefit and either paid to or expended on its behalf				153,210	319,135	716,104	
	0	0	0	0	0	0	
The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
Total. Add lines 1-3	78,675	80,034	85,050	153,210	319,135	716,104	
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)						740.404	
						716,104	
	(a) 2004	(b) 2005	(a) 2006	(d) 2007	(a) 2009	(f) Total	
	- ' '	` ,			- ' '	(f) Total 716,104	
	70,073	80,034	85,050	133,210	319,133	710,104	
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0	
Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0	
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0	
Total support. Add lines 7 through 10 .						716,104	
Gross receipts from related activities, etc	. (see instructio	ns)			12	0	
		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)	
			<u> </u>	<u></u>		<u> ▶ ⊔</u>	
•	-					400	
	. , ,	-	1, column (f))			100 %	
Tubilo capport personago nom 2007 conocado 7,1 art 17 7, imo 201							
and stop here. The organization qualifies as a publicly supported organization							
b 33½ % support test – 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
a 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 ▶							
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							
	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 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) Public support. Subtract line 5 from line 4. Ition B. Total Support endar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for organization, check this box and stop hetion C. Computation of Public Supublic support percentage from 2007 Sch 33½% support test—2008. If the organization qualifies 33½% support test—2007. If the organization distop here. The organization qualifies and stop here. The organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstance	The value of services or facilities furnished by a governmental unit to the organization without charge	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 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) Public support. Subtract line 5 from line 4. Toross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, seconoganization, check this box and stop here Tion C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 1 Public support test—2008. If the organization did not check the box of and stop here. The organization qualifies as a publicly supported organization and stop here. The organization meets the "facts-and-circumstances" test, organization meets the "facts-and-circumstances" test. The organization qualifies and circumstances test, organization meets the "facts-and-circumstances" test. The organization	The value of services or facilities furnished by a governmental unit to the organization without charge	The value of services or facilities furnished by a governmental unit to the organization without charge	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 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). Public support. Subtract line 5 from line 4. Total Support endar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 Amounts from line 4. Ta,675 80,034 85,050 153,210 319,135 Ta,675 80,034 85,050 10,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	ed the box or	n line 9 of Pa	rt I.)				
	Section A. Public Support							
Ca	alendar 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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)						1	
Sec	tion B. Total Support							
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
9	Amounts from line 6	. ,	. ,	. ,	. ,	(2)		
	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							
с 11	Add lines 10a and 10b							
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								
Sec	Section C. Computation of Public Support Percentage							
15	Public support percentage for 2008 (lin					15	%	
16	Public support percentage from 2007 S			7g		16	%_	
	tion D. Computation of Investmer							
17	Investment income percentage for 200	•	* * *	-		17	<u>%</u> %	
18	Investment income percentage from 20					18	-	
19a	331/3 % support tests—2008. If the orga 17 is not more than 331/3 %, check this b							
b	331/3 % support tests – 2007. If the organ line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifie	s as a publicly	supported orga	nization >	
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see ins	tructions ▶ □	

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection

Employer identification number

ENSIGHT SKILL CENTER 84 1598698						
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.						
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?						
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Pa	rt II				answered "Yes" to Form 990, Part IV, line 18, or reported vents with gross receipts greater than \$5,000.			
			(a) Event #1 Fundraising break (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total (Add col. (a col. () through	h
Revenue	1 2	Gross receipts					20	0,109
	3	Gross revenue (line 1 minus line 2)	20,109				20),109
	4	Cash prizes	0					0
penses	5	Non-cash prizes						0
Direct Expenses	6	Rent/facility costs						0 5,767
Σį	7 8	Other direct expenses Direct expense summary. Ad	d lines 4 through 7 in co			(767)
Pa	9 rt II	Net income summary. Comb Gaming. Complete if t than \$15,000 on Form	the organization ansv		990, Part IV, line 19,	or reporte		1,342 re
Revenue		· · ·	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total g col. (a) thro		
_ Re	1	Gross revenue						
sesu	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
Dire	4 5	Rent/facility costs						
	6	Other direct expenses . Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary. Ad	_		>	()
9		ter the state(s) in which the o					Yes	No
a b		the organization licensed to c			es?	. 9a		
10a Were any of the organization's gaming licenses revoked, suspendb If "Yes," Explain:					nated during the tax yea	10a	1	
11 12	ls '	pes the organization operate gethe organization a grantor, became to administer charitable	eneficiary or trustee of a		a partnership or other	entity		

Page	3

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility			
	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 ▶ \$			
С	If "Yes," enter name and address:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	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 > \$	17d		

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 1ENSIGHT SKILL CENTERForm: 990-EZ84-1598698

Page: 1 Line Number:

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 2ENSIGHT SKILL CENTERForm: 990-EZ84-1598698

Form: 990-EZ Page: 1

Line Number: Part I Line 16

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 ENSIGHT SKILL CENTER
Form: 990-EZ 84-1598698

Form: 990-EZ Page: 1

Line Number: Part I Line 20

Other Changes In Net Assets Schedule

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

Statement 4 ENSIGHT SKILL CENTER
Form: 990-EZ 84-1598698

Form: 990-EZ Page: 1

Line Number: Part II Line 26

Liabilities Schedule

Description	воу	EOY
	Amount	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

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