

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, 2006, and ending

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

C Skillpoint Alliance, 201 East 2nd Street Ste B, Austin, TX 78701

D Employer Identification Number: 74-2704188, E Telephone number: (512) 323-6773, F Accounting method: Cash, X Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- 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. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes, No.

G Web site: www.skillpointalliance.org

J Organization type (check only one): X 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.

I Group Exemption Number

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 1,613,189.

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

SCANNED DEC 11 2007

Table with 21 rows and 3 columns: Description, (A) Securities, (B) Other. Includes revenue items like contributions, program service revenue, and expenses like management and fundraising.

Handwritten marks: 9-17 and 17

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

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 sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See Stmt 1	25a 91,140.	22,785.	68,355.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	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) (attach schedule)	25c 0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26 837,849.	693,980.	100,284.	43,585.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 129,549.	99,954.	23,517.	6,078.
29 Payroll taxes	29 76,535.	59,051.	13,893.	3,591.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 73,222.	71,659.	1,147.	416.
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36 19,944.	17,559.	1,265.	1,120.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 8,954.	8,821.	51.	82.
39 Travel	39			
40 Conferences, conventions, and meetings	40 48,022.	46,003.	2,019.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 12,899.	8,898.	3,000.	1,001.
43 Other expenses not covered above (itemize)	43a 574,224.	557,830.	12,927.	3,467.
a See Statement 2	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 1,872,338.	1,586,540.	226,458.	59,340.

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 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	329,978.	45	159,521.
	46 Savings and temporary cash investments	394,669.	46	231,072.
	47a Accounts receivable	47a 1,312.		
	b Less allowance for doubtful accounts	47b	84.	47c 1,312.
	48a Pledges receivable	48a 364,017.		
	b Less allowance for doubtful accounts	48b	486,173.	48c 364,017.
	49 Grants receivable		162,895.	49 193,136.
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		18,389.	53 13,946.
	54a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments – other securities (attach sch) Stmt 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		95,000.	54b 311,807.
	55a Investments – land, buildings, & equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
	56 Investments – other (attach schedule)			56
	57a Land, buildings, and equipment basis	57a 52,854.		
b Less accumulated depreciation (attach schedule) Statement 4	57b 18,611.	41,744.	57c 34,243.	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		1,528,932.	59 1,309,054.	
LIABILITIES	60 Accounts payable and accrued expenses		128,409.	60 275,206.
	61 Grants payable			61
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe ▶ _____)		107,526.	65
	66 Total liabilities. Add lines 60 through 65		235,935.	66 275,206.
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		540,289.	67 437,165.
	68 Temporarily restricted		752,708.	68 596,683.
	69 Permanently restricted			69
	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)		1,292,997.	73 1,033,848.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,528,932.	74 1,309,054.

BAA

Form 990 (2006)

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	1,697,611.
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	84,422.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	84,422.
c	Subtract line b from line a		c	1,613,189.
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	1,613,189.

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

a	Total expenses and losses per audited financial statements		a	1,956,760.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1	84,422.	
	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	84,422.
c	Subtract line b from line a		c	1,872,338.
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	1,872,338.

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 and deferred compensation plans	(E) Expense account and other allowances
See Statement 5		91,140.	0.	0.

Part VI Other Information (continued)

	Yes	No
91 c		X

c At any time during the calendar year, did the organization maintain an office outside of the United States?

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here .

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

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 Career Fair					53,475.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	21,201.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b Other income			1	9,492.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				30,693.	53,475.
105 Total (add line 104, columns (B), (D), and (E))					84,168.

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)
93a	The College and Career Fair allows students and adults access to employers. Students are also exposed to universities and colleges, and can participate in regional orientations and in-depth panel sessions.

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)	(D)	(E)
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

a Did the organization, during the year, receive any funds, directly or indirectly, to pay

b Did the organization, during the year, pay premiums, directly or indirectly, to

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
	X

	(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
	X

	(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?

Yes	No
	X

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: MARCO DOVER Date: 11/12/07

Type or print name and title: PRESIDENT - CEO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/12/07 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: Dunagan Jack LLP
3724 Jefferson Street, Suite 307
Austin, TX 78731 EIN: N/A Phone no: (512) 420-8997

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: **Skillpoint Alliance** Employer identification number: **74-2704188**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
See Statement 6		177,489.	22,097.	0.
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 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 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 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>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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	1	X
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	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
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	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
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 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 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions – subject to certain exceptions, and **(2) no more than 33-1/3%** 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). (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 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 instructions.)

BAA

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)	1,909,817.	1,486,389.	1,970,947.	1,789,225.	7,156,378.
16 Membership fees received					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	98,353.	72,103.	88,113.	49,785.	308,354.
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	5,554.	1,768.	1,228.	245.	8,795.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					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.
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets See Stmt 7	20,871.	2,401.	8,402.	15,845.	47,519.
23 Total of lines 15 through 22	2,034,595.	1,562,661.	2,068,690.	1,855,100.	7,521,046.
24 Line 23 minus line 17	1,936,242.	1,490,558.	1,980,577.	1,805,315.	7,212,692.
25 Enter 1% of line 23	20,346.	15,627.	20,687.	18,551.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 144,254.
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 591,309.
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 7,212,692.
d Add Amounts from column (e) for lines	18 8,795.	19	22 47,519.	26b 591,309.	26d 647,623.
e Public support (line 26c minus line 26d total)					26e 6,565,069.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.02 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year	(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 _____
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
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 instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	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 instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
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		
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	41	
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)

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 non-taxable 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 instructions)

N/A

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.)

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

Skillpoint Alliance

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Statement 1
Form 990, Part II, Line 25a
Compensation of Officers, Directors, Etc.

Compensation Received	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Don Brown	0.	0.	0.	0.
Yung Tran	0.	0.	0.	0.
Zach Anderson	0.	0.	0.	0.
Alison Barnes	0.	0.	0.	0.
Jonathan Betcher	0.	0.	0.	0.
Bernard Blanchard	0.	0.	0.	0.
David Escamilla	0.	0.	0.	0.
Rudy Garza	0.	0.	0.	0.
Raymond Hartfield	0.	0.	0.	0.
Lawrence Lyman	0.	0.	0.	0.
Michael McDonald	0.	0.	0.	0.
Bill McLellan	0.	0.	0.	0.
Mike Midgley	0.	0.	0.	0.
Perry Moore	0.	0.	0.	0.
Joseph Parker	0.	0.	0.	0.
Geronimo Rodriguez	0.	0.	0.	0.
Victoria Rodriguez	0.	0.	0.	0.
James Walsh	0.	0.	0.	0.
Milton G. Wright	0.	0.	0.	0.
Rodney Gibbs	0.	0.	0.	0.
Margo Dover	91,140.	22,785.	68,355.	0.
Total	\$ 91,140.	\$ 22,785.	\$ 68,355.	0.

Employee Benefit Plan Contribution	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Don Brown	0.	0.	0.	0.
Yung Tran	0.	0.	0.	0.
Zach Anderson	0.	0.	0.	0.
Alison Barnes	0.	0.	0.	0.
Jonathan Betcher	0.	0.	0.	0.
Bernard Blanchard	0.	0.	0.	0.
David Escamilla	0.	0.	0.	0.
Rudy Garza	0.	0.	0.	0.
Raymond Hartfield	0.	0.	0.	0.
Lawrence Lyman	0.	0.	0.	0.
Michael McDonald	0.	0.	0.	0.
Bill McLellan	0.	0.	0.	0.
Mike Midgley	0.	0.	0.	0.
Perry Moore	0.	0.	0.	0.
Joseph Parker	0.	0.	0.	0.
Geronimo Rodriguez	0.	0.	0.	0.
Victoria Rodriguez	0.	0.	0.	0.
James Walsh	0.	0.	0.	0.
Milton G. Wright	0.	0.	0.	0.
Rodney Gibbs	0.	0.	0.	0.
Margo Dover	0.	0.	0.	0.
Total	\$ 0.	\$ 0.	\$ 0.	0.

Expense Acct. & Other Allowances	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
Don Brown	0.	0.	0.	0.

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Statement 1 (continued)
Form 990, Part II, Line 25a
Compensation of Officers, Directors, Etc.

Yung Tran	0.	0.	0.	0.
Zach Anderson	0.	0.	0.	0.
Alison Barnes	0.	0.	0.	0.
Jonathan Betcher	0.	0.	0.	0.
Bernard Blanchard	0.	0.	0.	0.
David Escamilla	0.	0.	0.	0.
Rudy Garza	0.	0.	0.	0.
Raymond Hartfield	0.	0.	0.	0.
Lawrence Lyman	0.	0.	0.	0.
Michael McDonald	0.	0.	0.	0.
Bill McLellan	0.	0.	0.	0.
Mike Midgley	0.	0.	0.	0.
Perry Moore	0.	0.	0.	0.
Joseph Parker	0.	0.	0.	0.
Geronimo Rodriguez	0.	0.	0.	0.
Victoria Rodriguez	0.	0.	0.	0.
James Walsh	0.	0.	0.	0.
Milton G. Wright	0.	0.	0.	0.
Rodney Gibbs	0.	0.	0.	0.
Margo Dover	0.	0.	0.	0.
Total	\$ 0.	\$ 0.	\$ 0.	0.

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Communications	39,401.	36,513.	1,450.	1,438.
Consultants	36,459.	35,646.	807.	6.
Insurance	5,484.	5,125.	142.	217.
Miscellaneous	74,519.	62,795.	10,099.	1,625.
Program expenses	228,439.	228,439.		
Sponsorships	50,100.	50,000.	100.	
Subcontracts	137,664.	137,644.	20.	
Subscriptions	2,158.	1,668.	309.	181.
Total	\$ 574,224.	\$ 557,830.	\$ 12,927.	\$ 3,467.

Statement 3
Form 990, Part IV, Line 54b
Investments - Other Securities

Other Securities	Valuation Method	Amount
Certificate of deposits	Market Value	\$ 311,807.
Total		\$ 311,807.

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Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Machinery and Equipment	\$ 25,077.	\$ 5,430.	\$ 19,647.
Miscellaneous	27,777.	13,181.	14,596.
Total	\$ 52,854.	\$ 18,611.	\$ 34,243.

Statement 5
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Don Brown 1200 E. Anderson Lane Austin, TX 78752	Chairman 2	\$ 0.	\$ 0.	\$ 0.
Yung Tran P.O. Box 9350 Austin, TX 78766	Treasurer 2	0.	0.	0.
Zach Anderson 5912 Balcones, Suite 102 Austin, TX 78731	Director 1	0.	0.	0.
Alison Barnes 11400 Burnet Road Austin, TX 78758	Director 1	0.	0.	0.
Jonathan Betcher 6103 Mesa Drive Austin, TX 78731	Director 1	0.	0.	0.
Bernard Blanchard 5301 Ross Road Del Valle, TX 78617	Director 1	0.	0.	0.
David Escamilla 314 W. 11th Street, Suite 300 Austin, TX 78701	Director 1	0.	0.	0.
Rudy Garza P.O. Box 1088 Austin, TX 78767	Director 1	0.	0.	0.
Raymond Hartfield 712 E. Huntland Drive RM 329 Austin, TX 78752	Director 1	0.	0.	0.

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Statement 5 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Lawrence Lyman 100 IH-35, Suite 3500 Austin, TX 78701	Director 1	\$ 0.	\$ 0.	\$ 0.
Michael McDonald P.O. Box 1088 Austin, TX 78767	Director 1	0.	0.	0.
Bill McLellan 101 Westlake Drive, Suite 106 Austin, TX 78746	Director 1	0.	0.	0.
Mike Midgley 5930 Middle Fiskville Road Austin, TX 78752	Director 1	0.	0.	0.
Perry Moore 601 University, JCK 1060 San Marcos, TX 78666	Director 1	0.	0.	0.
Joseph Parker 2211 E. Martin Luther King Jr. Austin, TX 78702	Director 1	0.	0.	0.
Geronimo Rodriguez 1201 W. 38th Street Austin, TX 78705	Director 1	0.	0.	0.
Victoria Rodriguez 1 University Station G0400 Austin, TX 78712	Director 1	0.	0.	0.
James Walsh 8212 Barton Club Drive Austin, TX 78735	Director 1	0.	0.	0.
Milton G. Wright P.O. Box 4518 Lago Vista, TX 78645	Director 1	0.	0.	0.
Rodney Gibbs 816 Congress Avenue, Suite 600 Austin, TX 78701	Director 1	0.	0.	0.
Margo Dover 201 E. 2nd Street, Suite B Austin, TX 78701	President & CEO 40	91,140.	0.	0.
	Total	<u>\$ 91,140.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

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Statement 6
Schedule A, Part I
Compensation of Five Highest Paid Employees

<u>Name and Address</u>	<u>Title & Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contribut. EBP & DC</u>	<u>Expense Account</u>
Heath Hignight 201 East 2nd Street, Suite B Austin, TX 78701	COO/VP-YCC 40	71,198.	5,734.	0.
Thomas Serafin 201 East 2nd Street, Suite B Austin, TX 78701	VP-Adult Workfo 40	55,728.	10,214.	0.
Leon Wilkinson 201 East 2nd Street, Suite B Austin, TX 78701	VP-Rsrch & Eval 40	50,563.	6,149.	0.
		Total \$ <u>177,489.</u>	\$ <u>22,097.</u>	\$ <u>0.</u>

Statement 7
Schedule A, Part IV-A, Line 22
Other Income

<u>Description</u>	<u>(a) 2005</u>	<u>(b) 2004</u>	<u>(c) 2003</u>	<u>(d) 2002</u>	<u>(e) Total</u>
Other income	\$ 20,871.	\$ 2,401.	\$ 8,402.	\$ 15,845.	\$ 47,519.
Total	\$ <u>20,871.</u>	\$ <u>2,401.</u>	\$ <u>8,402.</u>	\$ <u>15,845.</u>	\$ <u>47,519.</u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization Skillpoint Alliance	Employer identification number 74-2704188
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 East 2nd Street, No. B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Austin, TX 78701	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **Janice Drake**
 Telephone No ▶ **(512) 323-6773** FAX No. ▶ **(512) 323-5884**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **August 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2006** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II: Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization		Employer identification number
	Skillpoint Alliance		74-2704188
	Number, street, and room or suite number If a P O box, see instructions		For IRS use only
201 East 2nd Street Ste B			
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
Austin, TX 78701			

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

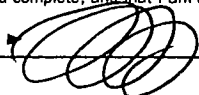
- The books are in care of Janice Drake
Telephone No. (512) 323-6773 FAX No. (512) 323-5884
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) .. . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15 , 20 07 .
- For calendar year 2006 , or other tax year beginning , 20 , and ending , 20 .
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension Audit of financial statements has not been completed.
Additional time is necessary in order to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title CPA Date 8/14/07

Notice to Applicant. (To be Completed by the IRS)

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Dunagan Jack LLP
	Number and street (include suite, room, or apartment number) or a P.O. box number
	3724 Jefferson Street, Suite 307
City or town, province or state, and country (including postal or ZIP code)	
Austin, TX 78731	