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Department of the Treasury

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)

2008 Open to Public

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 07/01, 2008, and ending 06/30,2009 A For the 2008 calendar year, or tax year beginning D Employer identification number Please C Name of organization ASSETS, B Check if applicable use IRS Doing Business As 92-0076696 label o Number and street (or P O box if mail is not delivered to street address) E Telephone number onnt o Room/suite Name change type. 2330 NICHOLS STREET (907)279-6617Specific City or town, state or country, and ZIP + 4 Termination Instruc Amended G Gross receipts \$ 16,387,591 ANCHORAGE, AK 99508 Application pending F Name and address of principal officer MATT JONES H(a) Is this a group return for Yes No X No H(b) Are all affiliates included? AS C ABOVE If "No." attach a list (see instructions) X 501(c) (3) ◀ (insert no) 4947(a)(1) or Website ► WWW.ASSETSINC.ORG H(c) Group exemption number L Year of formation 1980 M State of legal domicile Type of organization X | Corporation Other > Association AK Part I Briefly describe the organization's mission or most significant activities ASSETS PROVIDES VOCATIONAL OPPORTUNITIES TO CLIENTS WITH DISABILITIES Governance IN THE COMMUNITY AND/OR THROUGH INTERNAL EMPLOYMENT. ASSETS PROVIDES SUPPORTED LIVING TO CLIENTS THAT WISH TO LIVE IN THE COMMUNITY. Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Activities Number of independent voting members of the governing body (Part VI, line 1b) 4 7 Total number of employees (Part V, line 2a) 594 Total number of volunteers (estimate if necessary) 6 10 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) |7 a NONE b Net unrelated business taxable income from Form 990-T, line 34 NONE **Prior Year Current Year** Contribution and grants (Part VIII, line 1h) 1,879,454. 8,621,740 Program service revenue (Part VIII, line 2g) 14,421,515. 6,878,476 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 164,599 79,905. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,717 11 244,889 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,909,704 16,387,591. Grants and similar amounts paid (Part IX, column (A), lines 1-3) NONE NONE Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 10,966,490 11,359,124. 16 a Professional fundraising fees (Part IX, column (A), line 11e) NONE b Total fundraising expenses, Part IX, column (D), line 25) ▶ _____13,992._ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,034,284 4,175,042. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), Ime 25 15,000,774 15,534,166. Revenue less expenses Subtract line 18 from line 12 CCIVED 853,425. 19 908,930 End of Year Ş Beginning of Year Assets Balanc 8,137,099. 20 Total assets (Part X, line 16) 7,628,034 Total liabilities (Part X, line 26) 1,158,026 1,086,776 Net assets or fund balances Subtract line 2 fro 6,470,008 7,050,323 Part II Signature Block

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 (M)

Sign Here

Paid

Preparer's

Type or print name and title

Preparer's signature

KPMG LLP

3/3/2010

Check if employed Preparer's identifying number (see instructions) P00624297

13-5565207 907-265-1200

Phone no 701 WEST 8TH AVENUE, SUITE 600 ANCHORAGE, AK 99501 May the IRS discuss this return with the preparer shown above? (See instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

Yes X No

JSA 8E 10 10 2 000

Firm's name (or yours

orm 990 (2008)	92-0076696	Page 2
Part III 'Statement of Program Service Accomplishments (see ins	ructions)	
1 Briefly describe the organization's mission		
SEE STATEMENT 1		
SEE STATEMENT I		
		
		
2 Did the organization undertake any significant program services of	luring the year which were not listed on	
the prior Form 990 or 990-EZ?		Yes _X N
If "Yes" describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant change	s in how it conducts, any program	
services?		Yes X N
If "Yes," describe these changes on Schedule O		۱۱۵۰ م
_	tion's three leaguest program convices by evenes	
4 Describe the exempt purpose achievements for each of the organiza		
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1		ants and
allocations to others, the total expenses, and revenue, if any, for each	i program service reported.	
4a (Code) (Expenses \$ 6,332,297 including grants o	f \$) (Revenue \$ 6,	643,895)
SUPPORTED LIVING: ASSETS ACHIEVEMENT IN THIS		
INCLUDES THE DEVELOPMENT AND ONGOING SUPPORT		
COMMUNITY LIVING FOR OVER ONE HUNDRED INDIVI		
SEVERE MENTAL ILLNESS OR DEVELOPMENTAL DISAB		
_INDIVIDUALS_TYPICALLY HAVE LIVED IN HIGHLY R	ESTRICTIVE OR	
<u>INSTITUTIONAL SETTINGS PRIOR TO ASSETS PARTIC</u>	CIPATION.	
		
		
4b (Code) (Expenses \$773,510 including grants of	of \$) (Revenue \$	520,909)
SUPPORTED EMPLOYMENT-ASSETS HAS ACHIEVED EMP	LOYMENT THROUGH	
COLLABORATION WITH OVER 30 PRIVATE COMMUNITY		
APPROXIMATELY FORTY INDIVIDUALS WITH COGNITY		
DISABILITIES WHO HISTORICALLY HAVE BEEN UNEM	PLOTED.	
		
_		
		
		
-		
		
c (Code) (Expenses \$6,239,211 including grants of	\$) (Revenue \$7,2	<u>239,207</u>)
_CONTRACTS SERVICES-ASSETS HAS ACHIEVED THE EN	MPLOYMENT FOR	
APPROXIMATELY 80 INDIVIDUALS WITH COGNITIVE		
DISABILITIES BY DIRECTLY EMPLOYING PERSONS W		
PROVIDE THE OPERATIONS OF SEVERAL FEDERAL, ST		
CONTRACTS THE ORGANIZATION OPERATES WITHIN T	HE COMMUNITY.	
		
		
100		
d Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$	
e Total program service expenses ▶\$ 13,345,018. (Must eq	ual Part IX, Line 25, column (B))	
A		Form 990 (200
E1020 1 000		

Form 9	90 (2008) 92-0076696			Page 3
Part				
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2	Х	
3	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	. 3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	. 4	X	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		NT.	,
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	IN.	A
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			ľ
	Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		 	 :
-	complete Schedule D. Pert III	. 8		Lx_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	.	<u> </u>	 ^ -
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part		 	X
11	Did the organization role assets in term, permanent, or quasi-chownients? If Yes, complete Schedule D, and the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	, <u>,,,</u>		├^
	Parts VI VII VIII IV or V as applicable	11	v	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	· ' ' 	X	
12		142	.,	
4.2	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	. 12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	. 14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising	I I		l
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	. 14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	١		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	. 15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			j
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<u> </u>	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	. 17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	. 19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	. 20	<u> </u>	<u>X</u>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	<u> </u>	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	 	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete		1	
	Schedule J	. 23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	. 24a	ļ	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b	<u> </u>	(A
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		N.	A
	to defease any tax-exempt bonds?	. 24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	N,	A
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>_x_</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	. 25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee,			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I			<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	- [
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	. 27	-	х
JSA 8E 1021			990	(2008)
at 1021	1 000			-

Part IV Checklist of Required Schedules (continued)

			Yes	No
28 a				
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	20-		.,
L	Part IV	28a		X
D	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	001		
	complete Schedule L, Part IV	28b		X_
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	'		
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х

Form **990** (2008)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ıÌ
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			اــــا
	gaming (gambling) winnings to prize winners?	1 c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 594			اا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			لــــا
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b	NΛ	<u>A</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		J	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			ļ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_	N	/ n
	Prohibited Tax Shelter Transaction?	5 c	11/	
	Did the organization solicit any contributions that were not tax deductible?	6a		_ X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C 12	Ν/	Α
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	70	ند	لسسا
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a 7b	N/	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		v
	required to file Form 8282?	7		<u> </u>
	in res, indicate the number of Forms 6262 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		J
	benefit contract?	7f		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/	_
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	. 9	N/	
n	·	7h	11/	î
8	required?			
٠	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			- 4
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			- 1
b	- 110h Nτ/λ			1
11	Section 501(c)(12) organizations. Enter			. {
	11a 17/2	·	1	
b			. [Ì
~	amounts due or received from them.)			<u></u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • •	12a	N/	A
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A			1

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3 _		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		/A
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	N,	A
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		х
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		x
Sect	ion B. Policies			
3600	IOI D. FOIICles		Yes	No
122	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
b	0.40	125		.,
_	rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		X
С		420		Ì
40	describe in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			•
a	The organization's CEO, Executive Director, or top management official?	15a	X	
þ	Other officers or key employees of the organization?	15b	X_	
	Describe the process in Schedule O. (see instructions)			ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		N/	A
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AK, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)			
18		s only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public			
20				
	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization WALLACE JENKINS 2330 NICHOLS ST, ANCHORAGE AK, 99508			

Part VII Còmpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee.											
(A) Name and Title	(B) Average hours per	Posit		chec		that ap		(D) Reportable compensation	(E) Reportable	(F) Estimated	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
KELLY DONNELLY											
CHAIR	1.	X	<u> </u>		<u> </u>	ļ		NONE		<u>N</u> ONE	
DOLERES A. SOLANO	-					1					
VICE CHAIR	1.	X		<u> </u>	<u> </u>	ļ	<u> </u>	NONE		NONE	
VINCE WITHINGON											
TREASURER	1.	X		ļ			_	NONE		<u>N</u> ONE	
FAITH MYERS											
SECRETARY	1.	X	_	_	ļ	<u> </u>		NONE		NONE	
ROB SHOAF											
BOARD MEMBER	1.	X	<u> </u>		L			NONE		NONE	
D.SCOTT DATTAN				1		1					
BOARD MEMBER	1.	X		_	<u> </u>			NONE		NONE	
MARIA-ELENA WALSH	<u> </u>										
BOARD MEMBER	1.	X		_			<u> </u>	NONE		NONE	
WALLACE JENKINS	1			1							
FINANCE DIRECTOR	40.	├		x				92,056.	· · · · · · · · · · · · · · · · · · ·	29,749.	
MATTHEW J. JONES											
EXECUTIVE DIRECTOR	40.	ļ		X	\vdash	_X_	├	105,014.	<u></u>	33,937.	
	1										
	-				-						
					-						

Form 990 (2008)

Part VII Section A. Officers, Directors, Tru	Directors, Trustees, Key Employees, and Highest Compensated Employees (B) (C) (D) (E)				(F)						
Name and title	Average hours per week	ndrvidual trustee P or director	Institutional trustee	•	•	ল Highest compensated জ employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rel organiza (W-2/1099	ation ated tions	Estimated amount of other compensation from the organization and related organizations
	 										
											
	_										
											_
											-
			İ								
1b Total	<u> </u>						>	197,070.			63,686
2 Total number of individuals (including those organization ► 1	e in 1a) w	ho re	ece	ived	l m	ore th	nan	\$100,000 in rej	oortable co	mpens	ation from the
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or or chind	tru	iste ual	e, }	key e	mp	loyee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150 • •	,00 • •	0?	If "Yo	es," •••	complete Sched	ule J for	such • • •	4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	or accr complete S	ue co Sched	omp ule .	ens <i>J foi</i>	atio r su	n fro ch per	m son	any unrelated o	rganization	for •••	5 X
Section B. Independent Contractors									J	640	0.000 -4
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	enc	ient	cont	rac	tors that received	more th	an \$10	
(A) Name and business addi	ess					. <u>-</u>	\perp	(B) Description of ser	vices	С	(C) ompensation
SEE STATEMENT 2		_					+				
							-				
2 Total number of independent contractors (i	ncluding th	nose	in '	1) v	vho	rece	ived	d more than \$10	0,000 in	PROS. 9(3)C, 840-3	
compensation from the organization	1									, ,	Form 990 (2008

V08-8.3 637073

Page 9

Par	t VII	Statement of Reven	ue		92-0076696								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribu	1b 1c	1,867,185.									
ribution other	f	All other contributions, gifts, gran and similar amounts not included	1	12,269.			!						
Cont and c	9	Noncash contributions included in Total. Add lines 1a-1f			1,879,454.								
_ e_		Total. Add fines 74-11	 	Business Code	1,013,1311			 					
enr					6 770 501			· · · · · · · · · · · · · · · · · · ·					
ě	2 a	ENCLAVE CONTRACTS		721000	6,770,581	6,770,581.							
e E	b	CLIENT CONTRIBUTION		900099	10,320	10,320.							
Š	С	MEDICAID		621400	7,640,614	7,640,614.		ļ					
Ser	d							<u> </u>					
Program Service Revenue	e f g	All other program service rev			14,421,515								
	3	Investment income (includin	a dividends inter	est and									
		other similar amounts)			64,769.			64,769.					
					NONE								
	4	Income from investment of t			NONE			 					
	5	Royalties • • • • • • •	(ı) Real	(II) Personal	NONE			1					
			(i) IXCai	(ii) i cisonai	ų. ?	'	, ,	1					
	6a	Gross Rents				,		, 1					
	b	Less rental expenses			· • • • • • • • • • • • • • • • • • • •		,	-					
	c	Rental income or (loss)											
	ď	Net rental income or (loss).			NONE			}					
	-	, ,	(i) Securities	(II) Other	-								
	7 a	Gross amount from sales of	· · · · · · · · · · · · · · · · · · ·					'					
		assets other than inventory		15,136		1		1					
	b	Less cost or other basis						1 - 1					
	l	and sales expenses				-		1					
	С	Gain or (loss)		15,136	·								
	d	Net gain or (loss)			15,136			15,136					
	ŀ							1					
_	8a		-			•							
une		events (not including \$			-			1					
ě		of contributions reported on	line 1c)	1				!					
Other Revenu		See Part IV, line 18	a		, , ,			- 1					
Jer	b	Less direct expenses	b	L			ويعقبون وسياء والتسيير						
5	С	Net income or (loss) from ful	ndraising events.	<u> </u>	NONE								
	9a	Gross income from gaming a	activities					1.					
	**	See Part IV, line 19			-			. 1					
		Less direct expenses		l .		-		- ,					
	ł				NONE								
	C	Net income or (loss) from ga	=	· · · · · · · -	NONE		······································	1					
	10a	Gross sales of inventoreturns and allowances			-	,	. '						
	ь	Less cost of goods sold		1									
		Net income or (loss) from sa			NONE								
	۳-	Miscellaneous Reven		Business Code	NONE		-	1					
	11a	MISCELLANEOUS		900099	6,717.	6,717.							
	b							 					
	c							<u> </u>					
	d	All other revenue				L	L	<u> </u>					
	١	Total. Add lines 11a-11d .			6,717			'					
	e			_	,,,,,,,								
	12	Total Revenue. Add lines 1h			16 307 501	14 400 000	NONE	79,905.					
		9c, 10c, and 11e	<u> </u>		16,387,591	14,428,232		Form 990 (2008)					
								1 UHH J J J (2008)					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the U.S. See Part IV, line 21	NONE										
2	Grants and other assistance to individuals in											
	the U.S. See Part IV, line 22	NONE										
3	Grants and other assistance to governments,				-							
	organizations, and individuals outside the	ĺ										
	U.S. See Part IV, lines 15 and 16	NONE										
4	Benefits paid to or for members	NONE										
5	Compensation of current officers, directors,											
	trustees, and key employees	197,070.		197,070.								
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	NONE										
7	Other salaries and wages	8,387,761.	7,646,157.	734,656.	6,948							
8	Pension plan contributions (include section 401	0,00,7,01.	7,040,157.	7547050.	0/240							
J	(k) and section 403(b) employer contributions)	70,492.	58,685.	11,807.								
9	Other employee benefits	1,908,162.	1,657,414.	250,748.								
10	Payroll taxes	795,639.	707,376.	88,263.								
	· ·	793,039.	707,370.	00,203.								
11	Fees for services (non-employees) Management	NONE										
	ſ	39,242.		39,242.								
	Legal			39,242.								
	Accounting	NONE			2 044							
	Lobbying	2,044.			2,044							
	Professional fundraising services See Part IV, line 17	NONE										
	Investment management fees	NONE	1 760 477	220								
	Other	1,762,697.	1,762,477.	220.								
12	Advertising and promotion	13,203.	50.	13,153.								
13	Office expenses	43,947.	7,056.	36,891.								
14	Information technology	16,262.	1,431.	14,831.								
15	Royalties	NONE	107.005	100 211								
16	Occupancy	239,536.	137,225.	102,311.								
17	Travel	177,358.	170,937.	6,421.								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	NONE										
19	Conferences, conventions, and meetings	NONE										
20	Interest	NONE										
21	Payments to affiliates	NONE										
22	Depreciation, depletion, and amortization	211,387.	144,619.	66,768.								
23	Insurance	215,955.		215,955.								
24	Other expenses Itemize expenses not											
	covered above (Expenses grouped together											
	and labeled miscellaneous may not exceed											
	5% of total expenses shown on line 25 below)											
	MISCELLANEOUS	638,709.	340,158.	298,551.								
	SUPPLIES	673,756.	612,723.	56,033.	5,000							
С	EQUIPMENT	140,946.	98,710.	42,236.								
d												
е					· · · · · · · · · · · · · · · · · · ·							
f	All other expenses											
25	Total functional expenses. Add lines 1 through 24f	15,534,166.	13,345,018.	2,175,156.	13,992							
26	Joint Costs. Check here ▶ ☐ If following			İ								
	SOP 98-2 Complete this line only if the organization											
	reported in column (B) joint costs from a combined educational campaign and fundraising	j										
	solicitation											
JSA					Form 990 (2008							

JSA 8E1052 1 000

		Datance officer	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,841,010.	1	2,612,436.
İ	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
ĺ	4	Accounts receivable, net	2,598,516.	4	2,504,919.
	5	Receivables from current and former officers, directors, trustees, key			
1		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II			
		of Schedule L		6	
က္ဆ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sales or use	38,709.	8	41,837.
As	9	Prepaid expenses and deferred charges STMT- 4	76,921.	9	87,055.
1	10a	Land, buildings, and equipment cost basis 10a 3, 240, 936			
1		Less accumulated depreciation. Complete			
- 1		Part VI of Schedule D	939,648.	10c	970,480.
- 1	11	Investments - publicly traded securities STMT- 5 · ·	1,905,568.		1,684,148.
1	12	Investments - other securities. See Part IV, line 11	227,662.	12	236,224.
	13	Investments - program-related See Part IV, line 11		13	
- 1	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,628,034.	16	8,137,099.
	17	Accounts payable and accrued expenses	1,155,309.	17	1,086,590.
	18	Grants payable	1/200/000	18	
	19	Deferred revenue	2,717.	19	186.
	20	Tax-exempt bond liabilities		20	
ω l	21	Escrow account liability Complete Part IV of Schedule D		21	
Ę.	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
ا ٿا:		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
- 1	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,158,026.	26	1,086,776.
es		Organizations that follow SFAS 117, check here ▶			
alances	27	Unrestricted net assets	6,470,008.	27	7,050,323.
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
şi	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	6,470,008.	33	7,050,323.
	34	Total liabilities and net assets/fund balances	7,628,034.	34	8,137,099.
Pa	rt XI	Financial Statements and Reporting			
					Yes No
1		ounting method used to prepare the Form 990 Cash Accrual Other			
2 a		e the organization's financial statements compiled or reviewed by an independent account			
b		e the organization's financial statements audited by an independent accountant?		• • • •	· · 2b X
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			
		t, review, or compilation of its financial statements and selection of an independent accounts.		• • • •	· · 2c X
3 a		result of a federal award, was the organization required to undergo an audit or audits as			
ь		Single Audit Act and OMB Circular A-133?			
		es, and the digamization undergo the required about of addition in the contract of the contrac		····	Form 990 (2008)

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

Schedule A (Form 990 or 990-EZ) 2008

ASSETS		D 12 01	74 O4 4 /All			1-4- ()		<u> </u>		76696
Part			ity Status (All organ					e instru	ctions)	
			dation because it is (P		-	-	-			
1			rches, or association			In sectio	n 1/U(b)((1)(A)(I).		
2			on 170(b)(1)(A)(ii). (Ati			-4: 4 7 0	/L\/4\/A\	/!!!\		ula IIIX
³		-	hospital service organ							-
4 📋		-	zation operated in co	njunction v	with a nos	pital des	cribea in	section	170(0)(1)	(A)(III). Enter the
		ame, city, and sta	or the benefit of a col	Logo or un			norotod I			unit described in
3 <u> </u>	-	ation operated it (b)(1)(A)(iv). (C		lege or un	iversity ow	neu oi o	perated i	by a gove	ennnemai	unit described in
6			vernment or governme	antal unit de	scribed in	section 1	70(b)(4\/	A)(v)		
7		_	-						or from	the general public
لــا '	An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)									
9 🔻	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross									
<u> </u>	-		ted to its exempt fun							· -
			ment income and un		-					
		-	after June 30, 1975.							
10	An organiza	ition organized a	ind operated exclusive	ly to test fo	r public saf	ety See s	section 5	09(a)(4).	(see insti	ructions)
11 🔲	An organiz	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	rform th	e functio	ns of, or	to carry out the
	purposes of	f one or more p	ublicly supported orga	anizations (described i	n section	509(a)(1) or sec	tion 509(a	a)(2) See section
	509(a)(3). (Check the box th	at describes the type o						through	11h
	a Typ	_		· · ·	e III - Fund	•	_			pe III - Other
e			ertify that the organiz							
	•		ion managers and oth	er than on	e or more	publicly s	supported	dorganiz	ations de	scribed in section
		r section 509(a)(•		u 100 tt			- 11 -	111	
f	J		d a written determina					туре п о	r Type III	supporting
	•	n, check this box								
g	following pe		the organization acce	pieu any g	iii oi contii	יו ווטווטנו	illi aliy Oi	uic		
	• • •		or indirectly controls	either ald	one or tog	ether wit	h persor	s describ	oed in (ii)	Yes No
	• •	•	erning body of the sup	•	•					11g(i) X
		_	erson described in (i) a							11g(II) X
			of a person described		above?					11g(ıii) X
h		=	ation about the organi		•	on suppo	rts			
	of supported	(II) EIN	(iii) Type of organization				ou notify		ls the	(vii) Amount of
orga	anization	ľ	(described on lines 1-9 above or IRC section		sted in your document?	,	nization in of your		tion in col zed in the	support
			(see instructions))	governing			oort?		S۶	
				Yes	No	Yes	No	Yes	No	
						ļ				
							ļ			
						1				
						 				
				l						
								-		
Total		[-			1	ľ	1	1	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pa	Support Schedule for Org (Complete only if you ched	ganizations D ked the box o	escribed in S on line 5, 7, or	Sections 170(b 8 of Part I))(1)(A)(iv) and	170(b)(1)(A)(vi)
Sec	tion A. Public Support		-			<u></u>	
Cale	endar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each		, ,		، ب		
	person (other than a governmental unit or		,			-	
	publicly supported organization) included				,		1
	on line 1 that exceeds 2% of the amount	* 1	-				
	shown on line 11, column (f)			<u></u>	· · · · · ·		<u> </u>
6	Public support. Subtract line 5 from line 4	• •	<u> </u>		L	 -	<u> </u>
	tion B. Total Support	4 > 2004	4 > 2005		() 0007	(1) 0000	(D. T)
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	-].		-			
12	Gross receipts from related activities, etc. (5	See instructions)				12	
13	First five years. If the Form 990 is for the	-					
	organization, check this box and stop here					<u></u>	<u> ▶ </u>
Sec	tion C. Computation of Public Sup	·	*				
14	Public support percentage for 2008 (li						<u>%</u>
15	Public support percentage from 2007	· · · · ·				· -	%_
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualif						
b	33 1/3% support test - 2007. If the o						
	box and stop here. The organization q			_			
17a	10%-facts-and-circumstances test - 2	_					
	is 10% or more, and if the organization						
	in Part IV how the organization meets						
	organization						
Ø	10%-facts-and-circumstances test - :						a iine
	15 is 10% or more, and if the organiza						h lah
40	Explain in Part IV how the organization supported organization						▶ []
18	Private foundation. If the organization						
	instructions	<u> </u>	<u></u>	<u> </u>	· · · · · · · · ·	<u></u>	<u> </u>

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

Sec	tion A. Public Support			·			
C	alendar year (or fiscal year begınning 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 ")	9,127,234	8,737,814.	9,363,428	8,628,892.	9,522,971	45,380,339.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	i					
	furnished in any activity that is related to the		İ		}		
	organization's tax-exempt purpose	5,128,941	6,143,918.	5,825,600.	6,354,177.	6,864,178	30,316,814.
3	Gross receipts from activities that are not an			i	ļ	1	
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's	-					
	benefit and either paid to or expended on		ŀ				
	its behalf						
5	The value of services or facilities			1			
	furnished by a governmental unit to the		j				
	organization without charge	341,278	341,728	341,278	341,278.	341,278.	1,706,840
6		14,597,453	15,223,460.	15,530,306.	15,324,347	16,728,427	77,403,993
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
þ	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of					į	
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · · ·		İ				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						77,403,993
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning ın) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	14,597,453	15,223,460	15,530,306	15,324,347.	16,728,427.	77,403,993
10a	Gross income from interest, dividends,		Ì				
	payments received on securities loans, rents, royalties and income from similar						
	sources	41,818	125,629	175,440	163,729	64,769.	571,385.
b	Unrelated business taxable income (less					ł	
	section 511 taxes) from businesses					ľ	
	acquired after June 30, 1975				-		
C	Add lines 10a and 10b	41,818	125,629	175,440	163,729	64,769	571,38 <u>5</u>
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			ļ			
	loss from the sale of capital assets						
	(Explain in Part IV)	488,268	159,534	45,801	299,088	17,037.	1,009,728
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	,			78,985,106
14	First five years. If the Form 990 is for	_			•		
	organization, check this box and stop here				· · · · · · · · · · · ·		🏲 📗
	tion C. Computation of Public Sup	·			·······		
15	Public support percentage for 2008 (line 8					15	98.00%
16	Public support percentage from 2007 Sche			· · · · · · · · · · · · · · · · · · ·	<u> </u>	16	97.80%
	tion D. Computation of Investmen				 1		0 70%
17	Investment income percentage for 2008 (In					17	0.72%
18	Investment income percentage from 2007	Schedule A, Part	IV-A, line 27h			18	0.58%
19a	33 1/3% support tests - 2008. if the org						
_	17 is not more than 33 1/3 %, check this bo						► [x]
b	33 1/3% support tests - 2007. If the orga						anu ▶ □
	line 18 is not more than 33 1/3 %, check thi						• • • • • •

SCHEDULE C

(Farm 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye Section 501(c)(4), (5), or (6)	s," to Form 990, Part IV, line 5 (Proxy T	ax), then				
	ame of organization			Employer ident	ification number		
<u>A</u> SS	SETS, INC.			92-0	076696		
-Pa		ed by all organizations exempt ons for Schedule C for details.	under section 50	01(c) and section 527 o	rganizations.		
1		he organization's direct and indirect					
2	Political expenditures			▶ \$			
3	Volunteer hours						
Pai		d by all organizations exempt ons for Schedule C for details.	under section 50°	1(c)(3).			
1	Enter the amount of any e	excise tax incurred by the organizat	ion under section 49	955 ▶ \$			
2	Enter the amount of any e	excise tax incurred by organization i	managers under se	ction 4955 ▶ \$			
3 4a	If the organization incurre	d a section 4955 tax, did it file Form	n 4720 for this year	?	Yes No		
-	If "Yes," describe in Part IV	<i>!</i>					
Pai		ed by all organizations exemp	t under section 50	01(c), except section 5	01(c)(3).		
		ons for Schedule C for details.					
1	-	expended by the filing organization					
-							
2		ling organization's funds contributed					
3		t exempt function expenditures Ad-					
•	on Form 1120-POL, line 1	7b		> \$			
4	Did the filing organization	file Form 1120-POL for this year? .			Yes No		
5		es and employer identification numl					
		nount paid and indicate if the amo					
		d promptly and directly delivered to ittee (PAC). If additional space is ne			eparate segregated fund		
			T		1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA 8E1264 1 000 Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008			92-0	076696		Page 2
	l by organizations section 501(h)). See			hat filed Form 5768 r details.		
	ganization belongs t					
B Check ▶ If the filing or	ganization checked	box A and "limited	d control" provisi	ons apply		
	nits on Lobbying Expe nditures" means amo		d.)	(a) Filing organization's totals	(b) Affiliat group tot	
1 a Total lobbying expenditures	to influence public opii	nion (grass roots lot	bbying)			
b Total lobbying expenditures	to influence a legislativ	ve body (direct lobb	yıng) [
c Total lobbying expenditures						
d Other exempt purpose expe	nditures					
e Total exempt purpose expen	ditures (add lines 1c a	nd 1d)				
f Lobbying nontaxable amoun			Г			
columns						
If the amount on line 1e, column	n (a) or (b) is: The lobby	ing nontaxable amour	nt is:			
Not over \$500,000	20% of the	amount on line 1e				
Over \$500,000 but not over \$1,	000,000 \$100,000	plus 15% of the exces	ss over \$500,000			
Over \$1,000,000 but not over \$	1,500,000 \$175,000	plus 10% of the exces	ss over \$1,000,000			
Over \$1,500,000 but not over \$	17,000,000 \$225,000	plus 5% of the excess	over \$1,500,000			
Over \$17,000,000	\$1,000,00	0				
g Grassroots nontaxable amou	,					
h Subtract line 1g from line 1a						
Subtract line 1f from line 1c					l	
j If there is an amount other ti						_
section 4911 tax for this yea	<u>r?</u>		<u> </u>	<u> </u>	Yes	No
			ion do not have t	o complete all of the fi the instructions.)	ive	
	Lobbying Expe	enditures During 4-	Year Averaging Pe	riod		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Tota	11
2 a Lobbying non-taxable amount						
b Lobbying ceiling amount (150% line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots non-taxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots Johnving expenditures						

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.							
			a)		(b		
		Yes	Nio		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	1.00					
•	legislation, including any attempt to influence public opinion on a legislative matter or	}					
	referendum, through the use of						
а	Volunteers?	Х					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х					
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?		Х				
е	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?		Х				
f		_	Х			_	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X					948
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Х				7,	044
i	Other activities? If "Yes," describe in Part IV		Х				
) 2-	Total lines 1c through 1:					13,	992
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912		Х				
C	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	N/	A				
_	till-A To be completed by all organizations exempt under section 501(c)(4), se			/c)/5)	or		
	section 501(c)(6). See the instructions for Schedule C for details.			(0)(0)	, OI		,
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?				3		-
	till-B To be completed by all organizations exempt under section 501(c)(4), se						<u> </u>
U G	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N						
	question 3 is answered "Yes." See Schedule C Instructions for details	•					
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amou	ints :	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
C	Total			2 c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyır	ng				
_	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<u> </u>	• • • •	5			_
Pai	t IV Supplemental Information						
	plete this part to provide the descriptions required for Part FA, line 1, Part FB, line 4, Part FC	line	5 and	Part I	FB, In	ne 1ı	
Also	, complete this part for any additional information						
		_			- -		
		-				-	

Schedule C (F	Form 990 or 990-EZ) 2008	92-0076696	Page 4
Part IV	Form 990 or 990-EZ) 2008 Supplemental Information (continued)		

		Schedule C (Form 9	990 or 990-E71 2009
		Schedule C (rom :	330 OI 330-EZJ 2000

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2008
Open to Public

Schedule D (Form 990) 2008

 Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

		INC OCIVIOC	0 1 01111 330, 1 art 14, mic 5, 7, 6, 5, 16,	Employer identification number
		organization		
	SETS,		dead Founda as Oake a Oise No. 5	92-0076696
Pa	rt [Organizations Maintaining Donor Adv the organization answered "Yes" to For	rm 990, Part IV, line 6.	or Accounts. Complete if
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3		gate grants from (during year)		
4		egate value at end of year		
5		e organization inform all donors and donor a	dvisors in writing that the assets held in	donor advised
		are the organization's property, subject to the		
6		e organization inform all grantees, donors, a		
		only for charitable purposes and not for the t		
		missible private benefit?		
Pa	rt II	Conservation Easements. Complete in	f the organization answered "Yes" to	Form 990, Part IV, line 7.
1	Purpo	se(s) of conservation easements held by the		
		Preservation of land for public use (e.g., recre	eation or pleasure) Preservation	n of an historically importantly land area
		Protection of natural habitat		n of certified historic structure
		Preservation of open space		
2		plete lines 2a-2d if the organization held a qui	alified conservation contribution in the fo	orm of a conservation easement
		e last day of the tax year		
				Held at the End of the Year
а	Total	number of conservation easements		. 2a
b		acreage restricted by conservation easements		1 1
С		er of conservation easements on a certified		
d		per of conservation easements included in (c		! I
3		er of conservation easements modified, tran	· ·	
		xable year	, , ,	, ,
4		er of states where property subject to conse	rvation easement is located >	
5		the organization have a written policy regard		
		cement of the conservation easements it hold		
6		or volunteer hours devoted to monitoring, ins		
7		int of expenses incurred in monitoring, inspec		
8		each conservation easement reported on lin	=	
		(4)(B)(I) and $170(h)(4)(B)(II)$?	• •	
9	In Par	t XIV, describe how the organization reports	conservation easements in its revenue a	and expense statement, and
		ce sheet, and include, if applicable, the text of		
		ganization's accounting for conservation eas		
Pa	rt III	Organizations Maintaining Collections Complete if the organization answered	s of Art, Historical Treasures, or Otl	her Similar Assets.
				
1a	If the art, his provid	organization elected, as permitted under SF, storical treasures, or other similar assets he le, in Part XIV, the text of the footnote to its i	AS 116, not to report in its revenue state Id for public exhibition, education, or res financial statements that describes these	ement and balance sheet works of earch in furtherance of public service, items
b	If the histori	organization elected, as permitted under SF, ical treasures, or other similar assets held fo le the following amounts relating to these itei	AS 116, to report in its revenue stateme ir public exhibition, education, or researc ms	ent and balance sheet works of art, ch in furtherance of public service,
		evenues included in Form 990, Part VIII, line		
	(ii) As	ssets included in Form 990, Part X		
2		organization received or held works of art, hi		ts for financial gain, provide the
		ing amounts required to be reported under S		-
а		nues included in Form 990, Part VIII, line 1 .		
b	Asset	s included in Form 990, Part X		> \$

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining Coll	ections of Art, Histori	cal Treasures, or	Other Similar A	Assets (continued)		
	•						
3	, , , , , , , , , , , , , , , , , , , ,						
	items (check all that apply)						
а	Public exhibition	d 📙	Loan or exchan	nge programs			
b	Scholarly research	e	Other	· ··· · · · · · · · · · · · · · · · ·			
С	- 						
4	The second secon						
	Part XIV						
5	During the year, did the organization solicit						
	assets to be sold to raise funds rather than						
Pai	Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.						
1 a	Is the organization an agent, trustee, custoo						
	included on Form 990, Part X?				Yes No		
b	If "Yes," explain the arrangement in Part XIV	and complete the follo	wing table				
				Α	mount		
С	Beginning balance		<u>1c</u>				
	Additions during the year						
	Distributions during the year						
	Ending balance						
2a	Did the organization include an amount on	Form 990, Part X, line 2	17		Yes No		
_	If "Yes," explain the arrangement in Part XIV						
Par	t V Endowment Funds. Complete it			990, Part IV, line	10.		
		rent Year (b) Prior year	(c) Two years ba	ack (d) Three yea	ars back (e) Four years back		
1 a	Beginning of year balance						
b	Contributions						
С	Investment earnings or losses						
	Grants or scholarships						
е	Other expenditures for facilities .						
	and programs						
f	Administrative expenses						
g	End of year balance		<u>.</u> .				
2	Provide the estimated percentage of the year	ar end balance held as					
a	Board designated or quasi-endowment ▶_	%					
b	Permanent endowment ▶ %						
C	Term endowment ▶%						
3 a	Are there endowment funds not in the poss	session of the organizati	on that are held an	d administered for			
	organization by				Yes No		
	(i) unrelated organizations				3a(i)		
	(ii) related organizations				3a(ii)		
	If "Yes" to 3a(ii), are the related organization	•			3b		
4	Describe in Part XIV the intended uses of the						
Pai	t VI Investments - Land, Buildings, a	and Equipment. See I	orm 990, Part X,	line 10.			
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value		
1 a	Land	NONE		,	NONE		
b	Buildings	NONE					
С	Leasehold improvements	NONE	549,540.	264,141.	285,399.		
đ	Equipment	NONE	2,226,838.	1,713,082.	<u>513,756.</u>		
е	Other	NONE	464,558.	<u>293,233.</u>	171,325.		
Tota	I. Add lines 1a-1e (Column (d) should equal	Form 990, Part X, colum	nn (B), line 10(c)) .	<u></u>	970,480.		

Schedule D (Form 990) 2008

Federal income taxes Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

JSA

Schedule D (Form 990) 2008

	le D (Form 990) 2008 92-0076696			Page 4
Part				
1.	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<u> </u>	<u>16,387,591.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	<u> </u>	15,534,166.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<u> </u>	<u>853,425.</u>
4	Net unrealized gains (losses) on investments	4	<u> </u>	-273,110.
5	Donated services and use of facilities	5	<u> </u>	
6	Investment expenses	6		
7	Prior period adjustments	7	<u> </u>	
8	Other (Describe in Part XIV)	88	ļ	
9	Total adjustments (net) Add lines 4-8	9		-273,110.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<u>l</u>	580,315.
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	16,455,759.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•		
а	Net unrealized gains on investments	ا. د		
b	Donated services and use of facilities 2b 341, 27		l	
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)			
e	Add lines 2a through 2d	\neg	2e	68,168.
3	Subtract line 2e from line 1	. -	3	16,387,591.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	. -	_	10,301,391.
a	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Other (Describe in Part XIV)	-		
	Add lines 42 and 4b		4 c	
5	Add lines 4a and 4b	•	5	1.6 207 501
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R			16,387,591.
	Tatal amounts and leaves are audited for a sulfated many	\neg	1	15 075 444
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25	• -		15,875,444.
	1 1	,	ì	
a		3.		
b		-	1	
C .	Losses reported on Form 990, Part IX, line 25	-		
d	Other (Describe in Part XIV)	-	_	
	Add lines 2a through 2d	. J-	2 e	341,278.
3	Subtract line 2e from line 1	• -	3	15,534,166.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	- 1	
b	Other (Describe in Part XIV)		1	
C	Add lines 4a and 4b	. L	4 c	
_ 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	15,534,166.
Part	XIV Supplemental Information			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa o, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	rt IV	, line	s 1b
			Sche	dule D (Form 990) 2008

Schedule D (Fo	orm 990) 2008	92-0076696	Page 5
Part XIV	Supplemental Information (continued)		
•			
			- -
			-
_			
_			
			-

Schedule D (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization Employer identification number ASSETS, INC 92-0076696 HOW ORGANIZATION MAKES DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
ASSETS, INC.	92-0076696
PROCESS BY WHICH ORGANIZATION REVIEWS FORM 990	
PART VI 10, SCH O	
THE FINANCE DIRECTOR RECONCILES THE NUMBERS ON THE 990 TO THE AUC	PITED
_ FINANCIAL STATEMENTS AND REVIEWS THE NARRATIVE FOR ACCURACY.	

Schedule O (Form 990) 2008	Page 2
Name of the organization ASSETS, INC.	Employer Identification number 92-0076696
ASSETS, INC.	32-0070090
DETERMINING COMPENSATION OF TOP MANAGEMENT & KEY EMPLOYEES	
PART VI, LINE 15A AND 15B	
IN 2008 ASSETS HIRED A COMPENSATION CONSULTANT TO REVIEW ALL JOB	
DESCRIPTIONS AND CREATE A PAY RANGE STRUCTURE BASED ON JOB DESCRI	PTION
AND MARKET SURVEY DATA. ALL EMPLOYEES ARE COMPENSATED WITHIN THE	RANGE
WHICH WAS ESTABLISHED, EXCEPT ANY THAT WERE ABOVE RANGE AT THE TI	ME_OF
ITS CREATION WERE NOT LOWERED. EVERY TWO YEARS THE PAY STRUCTURE	WILL BE
REVIEWED AND UPDATED BASED ON CURRENT MARKET WAGE SURVEYS.	
	 -

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
ASSETS, INC.	92-0076696
COMPLIANCE WITH CONFLICT OF INTEREST POLICY	
PART VI SECTION B LINE 12C	
WHEN AN ITEM COMES BEFORE THE BOARD OF DIRECTORS IN WHICH A DIRECTOR	TOR, A
MEMBER OF A DIRECTOR'S IMMEDIATE FAMILY, THE DIRECTOR'S EMPLOYER,	AND/OR
ANY ORGANIZATION WITH WHICH THE DIRECTOR IS ASSOCIATED HAS A DIRECTOR	CT
PRIVATE OR BUSINESS INTEREST, THE AFFECTED DIRECTOR SHALL SO STATE	E_AND
SHALL REFRAIN FROM VOTING AND PARTICIPATING IN THE BOARD OF DIRECT	TOR'S
DISCUSSION ON THE MATTER. THE DIRECTOR'S ABSTENTION FROM VOTING AN	ND_THE
STATED REASON SHALL BE RECORDED IN THE MINUTES.	
A DIRECTOR WHO KNOWINGLY FAILS TO STATE A CONFLICT OF INTEREST AN	D_FAILS
TO ABSTAIN FROM VOTING SHALL BE SUBJECT TO REMOVAL FROM THE BOARD	_ <u>I</u> N
ACCORDANCE WITH THE PROVISIONS OF SECTION 2 OF THIS ARTICLE.	
A DIRECTOR UNSURE OF A CONFLICT OF INTEREST MAY STATE HIS OR HER	APPARENT
CONFLICT AND ASK FOR DISCUSSION AND A VOTE ON THE QUESTION OF THE	
CONFLICT BY THE OTHER MEMBERS OF THE BOARD OF DIRECTORS. IF THE VO	OTE_IS
UNANIMOUS, THE DIRECTOR MAY PROCEED TO PARTICIPATE IN THE DISCUSS	ION_AND
VOTE ON THE MATTER IN QUESTION.	

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ASSETS MISSION IS TO CONSISTENTLY IMPROVE THE EMPLOYMENT OPPORTUNITIES, HOME ENVIRONMENTS, AND COMMUNITY CONNECTIONS OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND/OR MENTAL ILLNESSES WHO NEED SUBSTANTIAL SUPPORT, SO THAT THEIR INDEPENDENCE AND SELF-WORTH ARE ENHANCED AND THE COMMUNITY IN WHICH THEY LIVE AND WORK REALIZES THE BENEFITS OF THEIR CITIZENSHIP.

. ASSETS, INC. 92-0076696

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS _____

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

CURRIER'S ASPHALT MAINTENANCE PO BOX 91463

SNOW REMOVAL

127,094.

ANCHORAGE, AK 99509

TOTAL COMPENSATION

127,094. ____

FORM 990, PART VIII - INVESTMENT INCOME

	REVENUE EXEM	RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INTEREST AND DIVIDENDS				64,769.

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. ASSETS, INC.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

		=======================================	============
	TOTALS	76,921.	87,055.
EMPLOYEE BENEFITS		76,921.	87,055.
DESCRIPTION		BOOK VALUE	BOOK VALUE
•		BEGINNING	ENDING

ASSETS, INC.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS		1,905,568.	1,684,148.	FMV
	TOTALS	1,905,568.	1,684,148.	

V08-8.3 637073

ASSETS, INC. 92-0076696

FORM 990, PART X - DEFERRED REVENUE

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
DEFERRED REVENUE		2,717.	186.
	TOTALS	2,717.	186.
			==========

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Schedule D (Form 1041) 2008

2008

Employer identification number Name of estate or trust 92-0076696 ASSETS, Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (c) Date sold (b) Date acquired (a) Description of property (Example 100 shares 7% preferred of "Z" Co) the entire year Subtract (e) from (d) (see page 4 of the instructions) (d) Sales pnce (mo, day, yr) (mo , day, yr) 1 a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2007 Capital Loss Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back. Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co) (b) Date acquired (c) Date sold the entire year Subtract (e) from (d) (d) Sales price (see page 4 of the (mo, day, yr) (mo, day, yr) instructions) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b............. 6 b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 9 Gain from Form 4797, Part I 10 15,136. 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2007 Capital Loss 11 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, 12 15.136

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

	3de & (Form 1041) 2006					
Pai	Summary of Parts I and II		(1) Benefica (see page		(2) Estate's or trust's	
	. Caution: Read the instructions before completing this pa	13	(see page	"	- 114515	
•	Net short-term gain or (loss)	13				
	Total for year	14a		!		15,136.
b b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b				
	28% rate gain					
15	Total net gain or (loss). Combine lines 13 and 14a	15				15,136.
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo	rm 990	-T, Part I, line 4a) If lines 14	a and 15, co	olumn (2), are net gains, go
to Pa	rt V, and do not complete Part IV If line 15, column (3), is a net loss, complete F	Part IV a	and the Capital L	ss Carryov	er Workshee	et, as necessary
Pa	t IV Capital Loss Limitation					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F					
а	The loss on line 15, column (3) or b \$3,000	• : :			16)
Note	e: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag cover Worksheet on page 7 of the instructions to figure your capital loss carryove	je 1, lin er	e 22 (or Form 9	90-T, line 3	4), is a loss,	complete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates					
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu	umn (2	e) are gains, or	an amour	nt is entere	ed in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo					
	tion: Skip this part and complete the worksheet on page 8 of the instru	ctions	ıf			
	other line 14b, col. (2) or line 14c, col. (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero n 990-T trusts. Complete this part only if both lines 14a and 15 ar	e usin	s or qualified	dividends	are includ	ded in income in Part I
of F	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	rt and	complete the	workshee	et on page	8 of the instructions if
	er line 14b, col (2) or line 14c, col (2) is more than zero		•			
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	17			
18	Enter the smaller of line 14a or 15 in column (2)		• • • • • • • • • • • • • • • • • • • •			
	but not less than zero					
19	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T)					
20	Add lines 18 and 19		_			
21	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g, otherwise, enter -0 ▶ 21	· · · · · ·				
22	Subtract line 21 from line 20. If zero or less, enter -0		22			
23	Subtract line 22 from line 17 If zero or less, enter -0		23			
2.4	Enter the acceller of the amount on line 17 or \$2,200		24			
24 25	Enter the smaller of the amount on line 17 or \$2,200 Is the amount on line 23 equal to or more than the amount on line 24		24	-		
25	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box					
	No. Enter the amount from line 23		25			
26	Subtract line 25 from line 24					
27	Are the amounts on lines 22 and 26 the same?					
	Yes. Skip lines 27 thru 30 go to line 31 No. Enter the smaller of line 17 or I	ine 22	27			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			,
29	Subtract line 28 from line 27		. 29			
30	Multiply line 29 by 15% (15)				30)
31	Figure the tax on the amount on line 23 Use the 2008 Tax Rate S	chedu	le for Estates	and Trusts		
	the Schedule Ginstructions)				31	<u> </u>
						_
32	Add lines 30 and 31				32	<u> </u>
33	Figure the tax on the amount on line 17. Use the 2008 Tax Rate S					.
	the Schedule Ginstructions)				33	>
34	Tax on all taxable income. Enter the smaller of line 32 or					<u>,</u>
	Schedule G, Form 1041 (or line 36 of Form 990-T)		<u> </u>		<u> 34</u>	<u> </u>

Department of the Treasury Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No 1545-0184 Attachment Sequence No

► Attach to your tax return. ► See separate instructions. Identifying number Name(s) shown on return 92-0076696 ASSETS, INC. 1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (o) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the (mo . dav. vr) (mo , day, vr) allowable since improvements and of property sum of (d) and (e) acquisition expense of sale 3 Gain, if any, from Form 4684, line 45 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 15,136. 7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows 7 15,136. Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below Nonrecaptured net section 1231 losses from prior years (see instructions) Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Part II Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less) Loss, If any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 17 Combine lines 10 through 16 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040,

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2008)

18b

(see instructions) 9 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property A VEHICLE B C D These columns relate to the properties on lines 19A through 19D. Property A O Gross sales price (Note: See line 1 before completing) 10 Cost or other basis plus expense of sale	(b) Date acquired (mo , day, yr) VAR Property C	(c) Date sold (mo , day, yr) VAR Property D
B C D These columns relate to the properties on lines 19A through 19D. Property A Property B Co Gross sales price (Note: See line 1 before completing) Cost or other basis plus expense of sale		
C D These columns relate to the properties on lines 19A through 19D. Property A Property B O Gross sales price (Note: See line 1 before completing) Cost or other basis plus expense of sale	Property C	Property D
C D These columns relate to the properties on lines 19A through 19D. Property A Property B O Gross sales price (Note: See line 1 before completing) Cost or other basis plus expense of sale	Property C	Property D
Property A Property B These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. These columns relate to the properties on lines 19A through 19D. The property A These columns relate to the properties on lines 19A through 19D. The property A These columns relate to the properties on lines 19A through 19D. The property A The propert	Property C	Property D
Finese columns relate to the properties on lines 19A through 19D. Property A Property B 10 Gross sales price (Note: See line 1 before completing) 11 Cost or other basis plus expense of sale	Property C	Property D
These columns relate to the properties on lines 19A through 19D. 10 Gross sales price (Note: See line 1 before completing) 11 Cost or other basis plus expense of sale	Property C	Property D
Cost or other basis plus expense of sale		
Depreciation (or depletion) allowed or allowable		
Adjusted basis Subtract line 22 from line 21 23 4 Total gain Subtract line 23 from line 20		
4 Total gain Subtract line 23 from line 20 24 15,136.		
7 16		
25 If section 1245 property.	<u> </u>	
a Depreciation allowed or allowable from line 22 25a		
b Enter the smaller of line 24 or 25a		_
6 If section 1250 property: If straight line depreciation was		
used, enter -0- on line 26g, except for a corporation subject to section 291		
a Additional depreciation after 1975 (see instructions), 26a		
b Applicable percentage multiplied by the smaller of		1
line 24 or line 26a (see instructions)		
c Subtract line 26a from line 24. If residential rental property		
or line 24 is not more than line 26a, skip lines 26d and 26e . 26c		
d Additional depreciation after 1969 and before 1976. 26d		
e Enter the smaller of line 26c or 26d		
f Section 291 amount (corporations only)26f		
g Add lines 26b, 26e, and 26f		
17 If section 1252 property Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)		:
a Soil, water, and land clearing expenses		
b Line 27a multiplied by applicable percentage (see instructions)	<u></u>	
c Enter the smaller of line 24 or 27b		
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)		
b Enter the smaller of line 24 or 28a 28b		
9 If section 1255 property		
a Applicable percentage of payments excluded from		
income under section 126 (see instructions)		
b Enter the smaller of line 24 or 29a (see instructions). 29b		
Summary of Part III Gains. Complete property columns A through D through line 29b l	before going to li	ne 30.
Total gains for all properties Add property columns A through D, line 24		
Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13		
Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the po		
Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business (see instructions)	Use Drops to 50	% or Less
(000 mondono)	(a) Section	(b) Section
	(a) Section 179	280F(b)(2)
22 Contrar 470 among deduction of degree of the fill and the file of the file		200. (0)(2)
33 Section 179 expense deduction or depreciation allowable in prior years		
Recomputed depreciation (see instructions) Recapture amount Subtract line 34 from line 33 See the instructions for where to report		

Form **8868**

(Rèv. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

Internal Revenue S	ervice	File a separate application for each return.	
		3-Month Extension, complete only Part I and check this box	. ×
If you are fi Do not complete	iling for an Additional (te Part II unless you hav	Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the ve already been granted an automatic 3-month extension on a previously file.	is form).
Part Auto	matic 3-Month Exte	nsion of Time. Only submit original (no copies needed).	
		90-T and requesting an automatic 6-month extension - check this box and c	omplete
Part I only			▶ 📙
All other corporations to file inco	orations (including 11) ome tax retums	20-C filers), partnerships, REMICs, and trusts must use Form 7004 to a	request an extension o
one of the rel electronically i returns, or a co	turns noted below (6 f (1) you want the ad omposite or consolidat	ou can electronically file Form 8868 if you want a 3-month automatic emonths for a corporation required to file Form 990-T). However, you ditional (not automatic) 3-month extension or (2) you file Forms 990-BL, ted From 990-T Instead, you must submit the fully completed and signed once filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for Chanties.	cannot file Form 8868 6069, or 8870, group page 2 (Part II) of Form
Type or	Name of Exempt Organ	ization Employ	er identification number
print	ASSETS, INC	. 92-	0076696
File by the		om or suite no If a P O box, see instructions	
due date for	2330 NICHOL	S STREET	
filing your return See	City, town or post office	e, state, and ZIP code. For a foreign address, see instructions	
instructions	ANCHORAGE,	AK 99508 NILL 18 18 18 18 18 18 18 18 18 18 18 18 18	
Check type o	f return to be filed (file	a separate application for each return)	
X Form 990)	Form 990-T (corporation)	
Form 990	-BL	Form 990-T (sec 401(a) or 408(a) trust) Form 5227	
Form 990	-EZ	Form 990-T (trust other than phylics) 6 2000 Form 6069	
Form 990	-PF	Form 1041-A Form 8870	
	are in the care of \triangleright 1. No \triangleright 907 279-6	56101	
If this is for		an office or place of business in the United States, check this box the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach	If this is a list with the
names and Elf	Ns of all members the	extension will cover	
until		nonth (6 months for a corporation required to file Form 990- 10 , to file the exempt organization return for the organization named	
> X	calendar yeartax year beginning	or 07/01.2008, and ending 06/3	0,2009
2 If this tax	year is for less than 12	2 months, check reason Initial return Final return Chang	e in accounting period
	plication is for Form stable credits. See instru	990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
		90-PF or 990-T, enter any refundable credits and estimated tax payments	3a \$ NONE
	•	erpayment allowed as a credit	26 \$ 2027
		from line 3a Include your payment with this form, or, if required, deposit	3b \$ NONE
		nired, by using EFTPS (Electronic Federal Tax Payment System) See	
instructio		The second secon	la 1 a
		electronic fund withdrawal with this Form 8868, see Form 8453-EO and For	
for payment in	•		50,0 20
		uction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)

Form (1868 (Rev 4-2009)				Page 2
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete on	y Part II and check this box	×		. ▶ X
	. Only complete Part II if you have already been granted an automatic 3-month ex				
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page				
	Additional (Not Automatic) 3-Month Extension of Time. Only		pies	neede	d).
Type	Name of Exempt Organization	Employer identi	lication	number	r
Type		92-007669	96		
File by	Number street and room or cuite no. If a P.O. box no instructions	For IRS use only			
extend due d	led 2220 NICHOLO CORPERA				
filing t	he City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
retum instru					į
Che	k type of return to be filed (File a separate application for each return)				
$\left[\mathbf{x} \right]$	Form 990-PF	Form 1041-A	ſ	Forn	n 6069
	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720		Forn	n 8870
	Form 990-EZ Form 990-T (trust other than above)	Form 5227			
STO	PI Do not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previ	ously	filed Fo	rm 8868.
• Th	e books are in the care of ▶ WALLACE JENKINS				
Te	lephone No ▶ 907 279-6617 FAX No ▶				
	he organization does not have an office or place of business in the United States,	check this box		- 	. ▶□
• If	his is for a Group Return, enter the organization's four digit Group Exemption Numl	er (GEN) If	this is	,	
	ne whole group, check this box If it is for part of the group, check thi		ch a		
list w	ith the names and EINs of all members the extension is for				
4	I request an additional 3-month extension of time until 05/15/2010				
5	For calendar year , or other tax year beginning07/01/2008	and ending06/30/2	2009		·
6	If this tax year is for less than 12 months, check reason Initial return	Final return Chang	je in a	account	ing period
7	State in detail why you need the extension <u>INFORMATION NECESSARY TO</u>	PREPARE A COMPLE	TE A	ND_	
	ACCURATE RETURN IS NOT YET AVAILABLE.				
8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentative tax, less any			
	nonrefundable credits See instructions	<u></u>	8a	\$	NONE
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab		1 1		
	tax payments made. Include any prior year overpayment allowed as a credit	and any amount paid			
	previously with Form 8868		8b	\$	NONE
С	Balance Due. Subtract line 8b from line 8a Include your payment with this form	i, or, if required, deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	System) See instructions	8 c	\$	NONE
	Signature and Verificatio penalties of perjury, I declare that I have examined this form, including accompanying schedules a		of my l	knowledge	e and belief,
13 ([ue, correct, and complete, and that I am authorized to prepare this form				
_	Tal. N. CPA	_	_ 2	/4/20	10
Signa	ure Ittle	Date			
	KPMG LLP		Form	8 8 9 8 (F	Rev 4-2009)
	701 WEST 8TH AVENUE, SUITE 600				
	ANCHORAGE, AK 99501				