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

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4c	Web page At death, home pag produce m (Code: As part of incorporat fund raise embraced through th the comm flows, for as we hav	s are provide the pages for es for WP-OF inimal UBI. building Web ing credit card rs, tailgates, n by the comm e WP-Org bar inity activities 2005, and ask e done on this	d at no charge individuals m G, Inc, are av G, Inc, are av (Expenses \$ pages for the r clearing sites bemorial sites, unity and has hk accounts, b involved. We ed to reconfig return.	9, o, for classes orph into eul ailable for ba 1,010,8 military comm s for reunions , etc., a deca continued to put 95-97% o were audited ure reporting Schedule O.)	459 including g activities, and ogy pages. The anner advertisin 318 including g nunities we sen s, social gatheri de ago. This ca grow. The cred f the charges a d, primarily ove of our program	rants of \$ indivduals. major g and g and rants of \$ ve, we started ngs, bus trips, pability was it card charges paid these large cash revenues,	) (Reve	enue \$	1,061	405)
4c 4d	Web page At death, home pag produce m (Code: As part of incorporat fund raise embraced through th the comm flows, for as we hav Other proc (Expenses	s are provide the pages for es for WP-OF inimal UBI. building web ing credit card s, tailgates, n by the comm e WP-Org bar unity activities 2005, and ask e done on this gram services	d at no charge individuals m G, Inc, are av G, Inc, are av (Expenses \$ pages for the r clearing sites bemorial sites, unity and has hk accounts, b involved. We ed to reconfig return.	9, for classes orph into eul ailable for ba 1,010,8 military comm s for reunions etc., a deca continued to put 95-97% o were audited ure reporting Schedule O.) cluding grant	459 including g activities, and ogy pages. The anner advertisin 318 including g nunities we sen s, social gatheri de ago. This ca grow. The cred f the charges a d, primarily ove of our program	rants of \$ indivduals. major g and g and rants of \$ ve, we started ngs, bus trips, pability was it card charges pare liabilities repaid revenues, revenues, ) (Reve	) (Reve	enue \$)	1,061	405)

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Form	990 (2008)	WP-ORG, INC 51-0387	132	P	age 3
Par	t IV 🛛 🤇	Checklist of Required Schedules			
				Yes	No
1	Is the org	anization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete	Schedule A	1	Х	
2		anization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the o	ganization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidate	es for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 4	501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II .		4		Х
5		501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice ting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		x
6	provide a	rganization maintain any donor advised funds or any accounts where donors have the right to dvice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete D, Part I</i>	6		x
7		rganization receive or hold a conservation easement, including easements to preserve open space,			~
	the enviro	onment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8		rganization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Schedule D, Part III	8		х
9		ganization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
		ride credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
		Schedule D, Part IV	9		X
10		ganization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11		rganization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
		VII, VIII, IX, or X as applicable	11		<u> </u>
12		ganization receive an audited financial statement for the year for which it is completing this return prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		х
13		anization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
		ganization maintain an office, employees, or agents outside of the U.S.?	14a		x
		ganization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		
-		and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
15		ganization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
		ocated outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the or	ganization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individu	als located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the or	ganization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the or	rganization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part I	18		Х
19		ganization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the or	ganization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the org	anization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22		anization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23		ganization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
		J	23		X
24a		ganization have a tax-exempt bond issue with an outstanding principal amount of more than			
		as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
		and complete Schedule K. If "No," go to question 25	24a		X X
		ganization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
С		ganization maintain an escrow account other than a refunding escrow at any time during the year			v
		e any tax-exempt bonds?	24c		<u>X</u>
		ganization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
∠oa		<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a ed person during the year? If "Yes," complete Schedule L, Part I	250		Y
h		ganization become aware that it had engaged in an excess benefit transaction with a disqualified	25a		Χ
b		om a prior year? If "Yes," complete Schedule L, Part I	25b		х
26	3	an to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		<u> </u>
	disqualifie	ed person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27		ganization provide a grant or other assistance to an officer, director, trustee, key employee, or	-		V
	substantia	al contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

Form 990 (2008)

Form	990 (2008) WP-ORG, INC	51-0387132	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	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,			
	Part IV	28a	Х	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b	Х	
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	<b>28</b> c	Х	
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,			
20		. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	20		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation	32		X
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			<u> </u>
• ·		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 rela	ted		
	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			
	<u>VI</u>	37		Х

Form **990** (2008)

Form 9		<u>3871</u> 32	F	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		v	
2-	gaming (gambling) winnings to prize winners?	1c	X	
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 C			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	(	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see	20		
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	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	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
5-	and Financial Accounts.	E.		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	50		^
U	Regarding Prohibited Tax Shelter Transaction?	5c	1!	x
6a	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		1.1.1.10	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
a	required to file Form 8282?	7c		
d e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Ũ	benefit contract?	7e	k	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring		1	V
•	organization, have excess business holdings at any time during the year?	8		X
9 a	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 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		X
10	Section 501(c)(7) organizations. Enter:			~
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Pre 177	

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Form 990 (2008)

Form 990 (2008)

<u>P</u> ai	<b>t VI</b> Governance, Management, and Disclosure (Sections A, B, and C request information about pol	ICIES I	not	
	required by the Internal Revenue Code.)			
Sect	tion 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, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		11 8	
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	Х	
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		( 10)	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body? See Sched O	8b		Х
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b	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		
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		Х
Sect	ion B. Policies			

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		x
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		Х
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:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions).		H.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		- 17 16	
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	Contraction of the second	1000	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1 = 1		
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
47	List the states with which a new of this Form 000 is serviced to be find			

17	List the states with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)

available for public inspe	ection. Indicate how you mak	e these available. Check all that apply.
X Own website	Another's website	X Upon request

Own website	Another's website	X	Upon request
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19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflict of interest
	policy, and financial statements available to the public.	ε.

20	State the nam	e, physical a	ddress, and telephone number of the person who posses	ses the books and records of the
	organization:	•	JACK PRICE	540 745-3411
	0		3800 Buffalo Mountain Road, WILLIS, VA 24380-0004	5082

 Form 990 (2008)
 WP-ORG, INC
 51-0387132
 Page 7

 Part VII
 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

 Employees, and Independent Contractors
 Section A.
 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 1

 Ia Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
 1
 1

• 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			10.00	-	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation 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
Darrow, Dempsey CEO	20.	х		x						
Hearnes, Warren CIO See Sched O	10.	х		x				19,550		
Price, Jack CFO	10.	х		x						
Lyman, Michael Director	10.	х								
Macgruder, Robert Director	10.	х					х			
McAleer, Donna Director	10.	х								
McGurk, Michael Director	5.	х								
Nelson, Ray Director	5.	х								
Totten, Robert Director	15.	х								
Dribben, Douglas Director	5.	х								
Greiman, John Director	5.	х								
Hostler, Megan Director	10.	х								
Welle, Dian Director	5.	х								
Werner, Paul Director	5.	x								

_	990 (2008)	WP-ORG, INC	1			_						387132		Page 8
Pa	rt VII	Section A. Officers, Directors, Tr	ustees, Key En	ploy	ees	and	ł Hię	ghest	: Coi	mpensated Em	ployees (co	ntinue	d)	
		(A)	(B)				C)			(D)	(E)		(F)	
Name and title			Average hours per week	or director		Officer	a Key employee	Highest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensati from relate organizatior (W-2/1099-MI	on d ns	Estima amoun othe compens from t organiza and rela organiza	nt of sation the ation ated
								ļ						
									1.15			_		
												_		
<u>1b</u> 2	Total . Total nu organiza	mber of individuals (including those					_		► 00 in	19,550 reportable com		om the	9	
				1-				h:					Yes	No
3	employe	brganization list any <b>former</b> officer, be on line 1a? If "Yes," complete Sc	hedule J for suc	h ind	ividu	al .	•					3		х
4	the orga	individual listed on line 1a, is the sun nization and related organizations of al	reater than \$15	0,000	)? If	"Yes	s," c	omple	ete S	Schedule J for su				х
5	Did any	person listed on line 1a receive or a	accrue compensa	ation	from	n any	unr	elate	d or	ganization for	92 C F F	4		
Sec		rendered to the organization? If "Y dependent Contractors	es, complete s	cneu	ule J	101 3	such	i pers	UT .		<u></u>	5		Х
1	Complet	e this table for your five highest cor sation from the organization.	npensated indep	pende	ent c	ontra	actor	rs tha	t rec	eived more than	1\$100,000 c	of		
		(A) Name and business (	address							(B) Description of serv	vices	Con	(C) npensatio	'n
	TriNet G	roup, Inc 1100 Sa	n Leandro Blvd,	#300	) Sa	n Le	andı	ro CA	Lea	sed employees(	Sched O)		16	65,563
2		mber of independent contractors (ir sation from the organization	cluding those in	1) w	ho re	eceiv	red r	nore	than	\$100,000 in				

1

compensation from the organization

Form 99	90 (200	8) WP-ORG, INC				51-0387	132 Page <b>9</b>
Part		Statement of Revenue					
				(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 e	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e					
Contributior and other si	f g h	All other contributions, gifts, grants, and similar amounts not included above	228,340	228,340			
			Business Code	220,040			
nue	-			4.050.000	1.052.000	Scholl & Street	
Program Service Revenue		CREDIT CARD PROCESSING/Program revenue	900099	1,053,303	1,053,303		
e R	b	See Sched O					
vic	С	UBI	518210	7,635		7,635	
Sei	d						
am	e						
16o	f	All other program service revenue					
4	g	Total. Add lines 2a–2f	<b>&gt;</b>	1,060,938			
	3	Investment income (including dividends, interest, and other similar amounts)	nd	1,880			
	4	Income from investment of tax-exempt bond proces		1,000			
			1				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross Rents		_			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	🕨				- 15 Section 1
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory			and the second second		
	b	Less: cost or other basis					
		and sales expenses					
							1
		Gain or (loss)					
		•					
a	8a	Gross income from fundraising					LALEIL
Shi L		events (not including \$					
SV6		of contributions reported on line 1c).					
Ř		See Part IV, line 18		in the second second	and the second sec		
Other Revenue		Less: direct expenses b					
ŧ	c	Net income or (loss) from fundraising events	🕨				
-	9a	Gross income from gaming activities.					
		See Part IV, line 19					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities			S		
		Gross sales of inventory, less					
	104	returns and allowances					
	6	Less: cost of goods sold		Contraction of the second			
		-					
	C	Net income or (loss) from sales of inventory					- and the second
		Miscellaneous Revenue	Business Code				III CONTRACTOR
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d				-	
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8d	C,		1		
		9c. 10c. and 11e.		1,291,158	1,053,303	7,635	

	Section 501(c)(3) and 501(c)(4 All other organizations must complete column				d <u>(D</u> ).
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to governments and			general expenses	CAPGHOOD
org	ganizations in the U.S. See Part IV, line 21.				
2 Gra	ants and other assistance to individuals in				
the	e U.S. See Part IV, line 22				
3 Gra	ants and other assistance to governments,				
org	ganizations, and individuals outside the				
U.\$	S. See Part IV, lines 15 and 16				
4 Be	nefits paid to or for members				
5 Co	mpensation of current officers, directors,				
trus	stees, and key employees				
6 Co	mpensation not included above, to disqualified				
per	rsons (as defined under section 4958(f)(1)) and				
per	rsons described in section 4958(c)(3)(B)				
	her salaries and wages				
	nsion plan contributions (Include section 401(k)				
	d section 403(b) employer contributions)				
	her employee benefits				
	yroll taxes				
	es for services (non-employees):				
	anagement	6,600	6,600		
<b>b</b> Leg	gal				
c Ac	counting				
	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17 .				
	vestment management fees				
g Oth	her	185,113	185,113		
12 Ad	vertising and promotion				
<b>13</b> Off	fice expenses	4,675		4,675	
14 Info	ormation technology	37,420	37,420		
15 Ro	yalties				
16 Oc	cupancy				
	avel	5,984		<u>5,984</u>	
	yments of travel or entertainment expenses				
	any federal, state, or local public officials				_
19 Co	nferences, conventions, and meetings				
	erest				
	yments to affiliates				
	preciation, depletion, and amortization	3,293	3,293		
		2,002	2,002		
	her expenses. Itemize expenses not				
	vered above. (Expenses grouped together				
	d labeled miscellaneous may not exceed				
	of total expenses shown on line 25 below.)				
	nk Fees	38,283	38,283		
	edit Card Processing Charges/Program Costs	1,010,818	1,010,818		
	ass Ring Reparations	16,192	16,192		
d Los	ss on salvage of equipment	16,430	16,430		
е					_
f All	other expenses	-1,070	-1,070		
	tal functional expenses. Add lines 1 through 24f	1,325,740	1,315,081	10,659	
	int Costs. Check here ► if following				
	OP 98-2. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising				
sol	licitation				Form 990

	990 (2						51-0387132	P	age 11
P	art X	Balance Sheet							
					(A) Beginning of year		(B) End of		
	1	Cash-non-interest-bearing			1,246	1			1,241
	2	Savings and temporary cash investments			94,892	2			0,543
	3	Pledges and grants receivable, net .				3			
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers,	directo	ors, trustees, key					
		employees, or other related parties. Complete				5			
	6	Receivables from other disqualified persons (							
		4958(f)(1)) and persons described in section Part II of Schedule L	)(3)(B). Complete		6	<i>ii</i>			
ß	7	Notes and loans receivable, net				7		_	
Assets	8	Inventories for sale or use				8			
As	9	Prepaid expenses and deferred charges .				9			
	10a		10a			-			
	b		IVa	44,004					
			10b	10,620	23,282	10c			8,533
	11	Investments-publicly traded securities			23,202	11			0,000
	12	Investments-other securities. See Part IV, lin				12			
	12			_		13			
	13	Investments-program-related. See Part IV, lir							
	1000	Intangible assets				14			4 000
	15	Other assets. See Part IV, line 11.			12,819				1,363
	16	Total assets. Add lines 1 through 15 (must e			132,239	16		18	1,680
	17	Accounts payable and accrued expenses				17			
	18	Grants payable				18			
	19					19		· · · ·	
	20	Tax-exempt bond liabilities				20		_	
Liabilities	21	Escrow account liability. Complete Part IV of				21			
<b>Filio</b>	22	Payables to current and former officers, direc		- ,					
iat		employees, highest compensated employees							
		persons. Complete Part II of Schedule L .				22			
	23	Secured mortgages and notes payable to unr				23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule			18,905	25			2,926
	26	Total liabilities. Add lines 17 through 25.	<u></u>	<u> </u>	18,905	26		10	2,926
ses		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33							
and	27	Unrestricted net assets				27			
3al	28	Temporarily restricted net assets				28			
p	29	Permanently restricted net assets				29			
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 and complete lines 30 through 34.				5		-14	
ts	30	Capital stock or trust principal, or current fund	c			30			
sse	31	Paid-in or capital surplus, or land, building, or				31			
Ä		Retained earnings, endowment, accumulated			113,334	32		- 7	8,754
Vet	32	Total net assets or fund balances			113,334	33			8,754
-	33				132,239	34			1.680
Da	34	Total liabilities and net assets/fund balances		<u></u>	152,259	34		10	1,000
Pa	rt XI	Financial Statements and Reporting				_		Yes	No
4		ccounting method used to prepare the Form 990		Cash Accrua	I Other			163	UP)
1		lere the organization's financial statements com	nilod o				. 2a		х
2		lere the organization's financial statements com							X
		Pre the organization's financial statements audition in the statements audition in the statements and the statements audition in the statements and the statements and the statements are statements and the statements are s							
		udit, review, or compilation of its financial staten							
3		s a result of a federal award, was the organizati					40		
3		e Single Audit Act and OMB Circular A-133? .					3a		х
		"Yes," did the organization undergo the required							
1	J	i go, un une organization undergo the require	aduuit	<u> </u>	<u></u>				

Form 990 (2008)

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SCHE	DULE	Α
(Form	990 or	990-F7

# **Public Charity Status and Public Support**

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

	OMB No. 1545-0047						
	2008						
	Open to Public						
	Inspection						
fi	fication number						

Depar	tment of the Treasury nonexempt charitable trusts. Open to Public					Open to Public					
		enue Service	► At	tach to Form 990 or Fo	rm 990-EZ	. 🕨 Se	e separat	e instructi	ons.		Inspection
		organization							Employe	er identifica	tion number
		, INC	(- D )						51-0387	132	
Par		Reason	TOF PUDIIC C	harity Status (All or	ganizatio	ons must	complet	e this pa	rt.) (see	instructio	ons)
1		A church, co	a private round	lation because it is: (P irches, or association of	ease che	CK ONLY O	ne organ	zation.)	(h)(1)(A)(	n	
2	Ħ			on 170(b)(1)(A)(ii). (A			Sea In Sea			·).	
3	П			hospital service organi		-	section	170(b)(1)	(A)(iii) (/	Attach Sc	hedule H )
4	Ē			ation operated in conju							
		hospital's na	me, city, and st	ate:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)									
6		A federal, sta	ate, or local gov	ernment or governme	ntal unit d	lescribed	in sectio	n 170(b)('	1)(A)(v).		
7		An organizat described in	ion that normal section 170(b)	ly receives a substanti (1)(A)(vi). (Complete	al part of Part II.)	its suppor	t from a g	jovernmei	ntal unit o	or from the	e general public
8		A community	rust described	d in section 170(b)(1)	( <b>A)(vi).</b> (C	Complete	Part II.)				
9	Х	An organizat	ion that normall	ly receives: (1) more th	nan 33 1/3	3% of its s	support fro	om contrib	outions, m	embersh	ip fees, and gross
		receipts from	activities relate	ed to its exempt function	ons-subj	ect to cer	tain excer	otions, and	d (2) no m	nore 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). (Complete Part III.)									
10	Π	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)									
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the										
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section										
				at describes the type o					e lines 11	e through	n 11h.
		а Туре		Type II c		e III-Fund		•			ype III-Other
e	Х			y that the organization							
			section 509(a)(2	on managers and othe 2).	r than one		publicity s	upponed	organizat	ions desc	cribed in section
f				a written determinatior	from the	IRS that	it is a Typ	e I, Type	II, or Type	e III supp	orting
		organization,	check this box				,				
g		Since Augus following per		the organization accept	oted any g	gift or con	tribution f	rom any o	of the		
				or indirectly controls, e	either alor	ne or toge	ther with	persons d	escribed	in (ii)	Yes No
				verning body of the su							11g(i) X
				person described in (i)						• •	11g(ii) X
h				y of a person describe ation about the organiz						· · ·	11g(iii) X
	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi)	s the	(vii) Amount of
(.)		organization (i) Live (described on lines 1-9 in col. (i) listed in your the organization in organization in col. above or IRC section governing document? col.(i) of your (i) organized in the				support					
			(see instructions)) support? U.S.?				4				
					Yes	No	Yes	No	Yes	No	
		¥.									

Total

	51-0387132	Page 2
tions 170(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)	
Part I.)		

	(Complete only if you checked t	the box on lin	e 5, 7, or 8 o	Part I.)			
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</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			200 120000		n an	
	person (other than a governmental unit		1 — A				
	or publicly supported organization)		1		Q		
	included on line 1 that exceeds 2% of the						
~~~	amount shown on line 11, column (f) .	the state of the					
6	Public support. Subtract line 5 from line 4.					20.23	
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,			[
	rents, royalties and income from similar						
•	sources						
9	Net income from unrelated business						
	activities, whether or not the business is						
10	regularly carried on						
10	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. (s	ee instructions)			12	
13	First five years. If the Form 990 is for the or						(3)
	organization, check this box and stop here	•					
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2008 (line 6, c			column (fi)		14	
15	Public support percentage from 2007 Sched	ule A Part IV-	A line 26f			15	
	33 1/3% support test–2008. If the organization						ck this box
iou	and stop here . The organization qualifies as						
b	33 1/3% support test-2007. If the organization						check this
	box and stop here . The organization qualified						
17a	10%-facts-and-circumstances-test-2008.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum						
b	10%-facts-and-circumstances test-2007.						
~	or more, and if the organization meets the "f	acts-and-circu	mstances" test	, check this box	and stop he	re. Explain in F	Part IV how
	the organization meets the "facts-and-circum						
19	Private foundation. If the organization did not ch						
18	Fivale loundation. If the organization old hot ch					se mair dellona	

Schedule A (Form 990 or 990-EZ) 2008

Par				ion 509(a)(2)		01000110	
0	(Complete only if you checked t	the box on line	e 9 of Part I.)				
	tion A. Public Support		-	<u> </u>			
	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	1					
	membership fees received. (Do not						
	include any "unusual grants.")	232,926	223,985	198,443	229,104	228,340	1,112,798
2	Gross receipts from admissions, merchandise	}					
	sold or services performed, or facilities furnished						·
	in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
-	its behalf						
5	The value of services or facilities	1					
	furnished by a governmental unit to the						
~	organization without charge						
6	Total. Add lines 1-5	232,926	223,985	198,443	229,104	228,340	1,112,798
/a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						
Ø	Amounts included on lines 2 and 3	[}		1			
	received from other than disqualified persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
с	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
U							1 112 709
Sect	tion B. Total Support						1,112,798
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	232,926	223,985	198,443	229,104	228,340	1,112,798
	Gross income from interest, dividends,	202,020	220,000	130,443	223,104	220,340	1,112,790
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	2,750	4,442	4,091	5,271	1,880	18,434
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses						
	acquired after June 30, 1975	-20,434	5,327	173	-3,577	-1,823	-20,334
С	Add lines 10a and 10b	-17,684	9,769	4,264	1,694	57	-1,900
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
40							
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part IV.)						
15	Total support. (Add lines 9, 10c, 11,		-				4 440 000
	and 12.)	animaticula Fra	A second Abird	farrith as fifth			1,110,898
14	First five years. If the Form 990 is for the org						
	organization, check this box and stop here .			<u></u> .			Þ 📘
	tion C. Computation of Public Support						
15	Public support percentage for 2008 (line 8, co					15	100.17%
16	Public support percentage from 2007 Schedu	ile A, Part IV-A,	, line 27g	<u></u>	<u></u>	16	
Station of the second s	tion D. Computation of Investment Inco	ome Percenta	age				
17	Investment income percentage for 2008 (line					17	-0.17%
18	Investment income percentage from 2007 Sc					18	
19a	33 1/3% support tests-2008. If the organization						
25	not more than 33 1/3%, check this box and s						► <u>×</u>
b	33 1/3% support tests-2007. If the organization d						
	line 18 is not more than 33 1/3%, check this box a						· · · · ► 🛄
20	Private foundation. If the organization did no	ot check a box o	on line 14, 19a	, or 19b, check	this box and se	ee instructions	🕨 🚺

Schedule A (For	m 990 or 990-EZ) 2008	WP-ORG, INC
Part IV	Supplemental	Information. Co

51-0387132 Page **4**

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

Schedule B	
(Form 990, 990-EZ, or 990-PF)	

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification numb

Name of the organization

······		Employer identification number
WP-ORG, INC		51-0387132
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These Instructions will be issued separately. (HTA)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule B (Form 990	990-EZ,	or 990-PF)	(2008)
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Page 1 of 1 of Part I

Name of organization

WP-ORG, INC

Employer identification number

51-0387132

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SAIC 10260 CAMPUS POINT DRIVE SAN DIEGO CA 92121 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(a) <u>No</u> .	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	 Transactions With Interested Persons ► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. 									OMB No 2(Open Inspe	00 To Pi	8	
Name of the organization								E	nployer	identifi	cation n	umber	
WP-ORG, INC	<i>Fig.</i> 7								-0387	132			
	enefit Transaction									EZ, Pa	rt V, line	40b.	
1 (a) Name of (disqualified person					(b) Descriptio	n of trans	action				(c) Cor	rected?
												Yes	No
										_			
												_	
under section 49 3 Enter the amount Part II Loans to	t of tax, if any, on lin and/or From Int	erester	ove, rein	nbursed b	by the orga	anization		· · ·	· ·		\$ \$		
	pleted by organization											(-))0	1-11-0-0
(a) Name of interested p	erson and purpose		to or from nization?		riginal I amount	(d) Balance	ce due (e) In default?		by bo	approved 1 tor		(g) Written agreement?	
		То	From					Yes	No	Yes	No	Yes	No
								-					
Total					► \$		_	2-5	2	1	1		-
	or Assistance Ben apleted by organizat					990, Part IV	, line 27	7					
(a) Name of intere	ested person	(b) R	elationship	p between ir organiz	iterested per ation	son and the	((c) Amo	unt of g	rant or ty	pe of as	sistance)
								_					
Part IV Busines	s Transactions Ir	volvin	g Inter	ested Pe	ersons.								
To be com	pleted by organizat	ions tha	t answe	red "Yes"	on Form	990, Part IV	, line 28	3a, 28	b, or 2	8c.			
(a) Name of intere	ested person	interes	lationship sted persor organizatio	n and the		mount of Insaction	(d) Description of transaction		on	(e) Sharing of organization's revenues?			
		0.00										Yes	No
Jack Price		CFO					An em activity	-					X
Megen Klein		Key Err	ployee				An em						Х
	along at the Month of the Antonio States and			- b - c - b			activity	100		hter o	f Jack		
Hoard applicativ rovioure	and approves comp	pensati	on of ea	ch of thes	ese peor	le.	See So	ched ()				

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(HTA)

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

WP-ORG, INC

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.



Employer identification number 51-0387132

Form 990 Part I Section Activ & Govern Line 5 The organization has an employee leasing arrangement for three people. See Sch L
Jack Price(\$36408), Diane Welle(\$58541), & Megan Klein(\$70614). There are no W-2 employees.
Form 990 Part IV Section Activ & Govern Line 2 A leased employee, Megan Klein, is the daughter of an org officer, Jack Price.
Form 990 Part VI Section Section A Line 8b There are no such committees
Form 990 Part VI Section Section A Line 10 Once the 990 has been completed, it is converted to Acrobat and distributed to the
board via email. Any guestions will be addressed and explaned. In event guestions
require action, such action will be taken and the return finalized. After a vote of
acceptance, the return is posted on line for public access.
Form 990 Part VI Section B Line 15a The CEO & Ex Director do not receive compensation.
Line 15b The three people who perform paid functions are leased employees. The board of
directors write and approve the job descriptions of the three slots. TriNet does a
comparabilty study for the area in which the job is performed. The board reviews the
study, job performance, and recommended pay before approving the amount.
Form 990 Part VI Section C Line 19 The governing documents & policies, financial documents & tax returns, and other
items affecting governance are posted on the public web site. There is no conflict of
interest policy.
Form 990 Part VII Section Column D Line 1a Consulting fees paid to W. Hearnes for technical support at a price lower than market
approved by board of directors.
Form 990 Part V Section Prog Svc Rev Line 2a Bus Code: Gross Credit card charges for which WP-ORG receives an override.
97-95% of this amount is a liability paid to the community activities involved.

Schedule O (Form 990) 2008 Name of the organization	Page 2
	Employer identification number
WP-ORG, INC	51-0387132
Form Schedule L Part Part IV The relationship of the CFO and Megan Klein was cited in Part IV	/ Activities & Govern
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Line 2	
,	
	••••••

Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors

Contractor's Name	Check if Business	Street Address	City	State	Zip Code	Foreign Country
1 TriNet Group, Inc	X	1100 San Leandro Blvd, #300	San Leandro	CA	94577	
2						
3	1					
4						
5						
6						
7						
8						
9	1					
10	1			ļ		

- 1

Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors Con V.

Description of Services	Compensation	Explanation
Leased employees(Sched O	165,563	Leased three employees
		and a subscription of the second s
		and a second
		and the second
		the state of the second of the second s
the second se	- al marine or a state of the	the second s
	ar a think of the sector of the	
and a second	a a second of the second at the	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Non Cash
1	Federated Campaigns	1	
2	Membership dues	2	
	Fundraising events	3	
	Related organizations	4	
5	Government grants (contributions)	5	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	Direct Public Support	228,340	
		000 040 0	
	Other contributions total	228,340 6	
_7	Total	228,340 7	

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

	in, Ellie EE (000) - Depresiduon, Depicuo				
	Description	3,293 (A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1		3,293	3,293		
		0,200	0,200		
2					
3				_	
4					
5					
6		-			
7					
8					
9					
10					
11					
12					
13					
14					
15	in the second				
16					
17					
18					
19					
20					
					and the second

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									44,894	12,638	10,620	-25,741	23,282	8,533
	Category or Item	Land	Buildings	Leasehold Improve- ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Equipment				X				44,894	12,638	10,620	-25,741	23,282	8,533
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12	· · · · · · · · · · · · · · · · · · ·													
13														
14														
15														
16 17														
17														
10														
20							-							
20	I		1				1							

Part X Line 15 (990) - Other Assets

Par	t X, Line 15 (990) - Other Assets	12,819	1,363
	Description	Beginning	End
1	Domain Names-Deposits	776	301
2	WP-China		
3	Class Ring Inventory	12,043	1,062
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part X. Line 25 (990) - Other Liabilities

Part	X, Line 25 (990) - Other Liabilities	18,905	102,926
	Description	Beginning	End
1	Checking Account Deficit	18,905	88,562
2	Ring Program Cash		14,364
3	Ring Program Inventory		
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

From SQU-1 (and proxy tax under section 6033(e)) Procession			Exempt (Organization Bu	usine	ss Inco	me Ta	ax Ret	urn	0	MB No	. 1545-068	7
Immunit server endlag 9/30/2009 ► See separate instructions. Call of the prediction multiple of the server	Form	990-I								2008			
Internal sector endImg 9/30/2009 ► See separate instructions. Description a Construct Name of organizations () Check box if ame of separate instructions. Demoty effectivities on market instructions. a Service () 2 () () Name of organizations. Demoty effectivities on market instructions. Demoty effectivities on market instructions. a Service () 2 () () Name, rate and come of sub instructions. Demoty effectivities on market instructions. b Service () 2 () () () () () a Service () 2 () () () () () b Service () () () () () () () c Check corganization () () () () () () () c Check corganization () () () () () () () () d During the same ad identifying number of the parent corporation. () () () () () () () d The books are in care () JACK PRICE Telephone number () () () () () () d Gross profit () <t< th=""><th>Depart</th><th>ment of the Treasury</th><th>For calen</th><th></th><th></th><th></th><th></th><th></th><th></th><th>One</th><th>n to Pu</th><th>blic Inspecti</th><th>ion</th></t<>	Depart	ment of the Treasury	For calen							One	n to Pu	blic Inspecti	ion
▲		Revenue Service	ending	9/30/2009 ·		See separate	e instruc	tions.		for 501	(c)(3) C	rganizations	s Only
Berner under section Approx 1 of a section Berner under section Approx 1 of a	A _		Name of	organization (Check bo>	if name	changed and se	e instructi	ons.)					
▲ office 1 200e For the state, and scon or submer, if a V D hose set page 5 of instructions. 51-0387/132 ▲ detail 300e 900			Drint						BI	ock D on pag	ge 9.)		
■ de(e) 20(e) Pype Biolog BUFFALO MOUNTAIN ROAD ●<			Number,	street, and room or suite no. I	f a P.O. I	ox, see page 9	of instruct	ions.					
■ 08A 33(0) Clop town, sale, and 2/P code 2 Book value of all assets at F. Group exemption number (See instructions for Block F on page 9.) ● cf Check organization's primary unrelated business activity. ● Advertising Otheck organization's primary unrelated business activity. ● Advertising During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? >	Ļ		12900 D	UFFALO MOUNTAIN F	ROAD								
C Bock wave of all assets at model part of year. F G Check organization type y 3 501(c) corporation 301(c) trust 401(a) trust 0 Other trust 401(a) trust 10 Other trust 401(a) trust 401(a) trust 10 Other trust 401(a) trust 401(a) trust 10 Other trust 401(a)	Ľ	408A 530(a)	City or to	wn, state, and ZIP code									, ,
end year G Check organization type. ▶∑ 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. ▲ Adventising. ↓ Yes ∑ N													
H Describe the organization's primary unrelated business activity. ▲ Advertising I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ □ Yes. X N J The books are in care of ▲ ACK PRICE Telephone number ▶ 540745-3411 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net J The books are in care of ▲ ACK PRICE Telephone number ▶ 540745-3411 (C) Net Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net L Cost of goods sold (Schadule A, Ine 7) 2 9.456 (C) Net 3 Gross profit. Subtract line 2 from line 1c. 3 1.1,823 -1,823 4 Capital gain net income (attach Schedule D) 4a (E) (E) 5 Income (Coshodule C) 7 (E) (E) (E) 7 Lurelated Trade debt-financed income (Schedule E) 7 (E) (E) 6 Increme (Schedule C) (E) (E) (E) (E) 7 Lurelated Trade debt-financed income (Schedule E) 7 (E) <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td>											_		
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ □ Yes X N If "Yes", enter the name and identifying number of the parent corporation. ▶ Telepokes are in care of ▶ JACK PRICE Telephone number ▶ 540.745-3411 PartI Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross procipts of sales 7.635 (C) Net 2 Cost of goods soid (Schedule A, line 7) c Balance ▶ 7.635 (A) Income (B) Expenses (C) Net 3 Gross procipts of sales 7.635 1.1623							_ 501(c) trust	401(a) trust		Other tru	ist
IF 'res," enter the name and identifying number of the parent corporation. ► Part U Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 7,635 (C) Net (C) Net 1a Gross receipts or sales 7,635 (C) Net (C) Net 2 Cost of goods sold (Schedule A, line 7) 2 9,458 (C) Net 3 Gross profit. Subtract line 2 from line 1c. 3 1,623 (C) Net 4 Captial gain net income (attach Schedule D) 4a (C) Net (C) Net 5 Captati loss (Form 4797, Part II, line 17) (attach Form 4797) 4b (C) Net (C) Net 5 Income (oss) from partnerships and Scoporations (attach statement) 5 (C) Net (C) Net 6 Rent income (Schedule C) (C) (C) (C) (C) (C) 7 Unrelated debt-financed income (Schedule E) 7 (C)													
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b Less returns and allowances c B Cost of goods sold (Schedule A, line 7) 2 9,458 2 2 Cost of goods sold (Schedule A, line 7) 2 9,458 3 -1,823 -1,823 3 Gross profit. Subtract line 2 from line 1c 3 -1,823 -1,823 -1,823 4 Capital gain net income (attach Schedule D) 4a 4a -1,823 -1,823 4 Capital loss deduction for trusts 5					T	(A) IIIC		(6)	CApelises		-	(C) Net	7.304.5
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16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) 18 19 18 10 Charitable contributions (See page 13 of the instructions for limitation rules.) 20 11 Depreciation (attach Form 4562) 21 12 Less depreciation claimed on Schedule A and elsewhere on return 22a 13 Depletion 23 14 Contributions to deferred compensation plans 24 15 Excess exempt expenses (Schedule I) 26 16 19 26 16 27 28 16 29 29 16 29 29 17 30 -1,823 18													
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20Charitable contributions (See page 13 of the instructions for limitation rules.)2021Depreciation (attach Form 4562)212222b2322b24232524262527262827292829292028292930Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.3031Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.31333333	18	Interest (attach schedule	e)										
21 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 24 23 24 24 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 29 28 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -1,823 31 Net operating loss deduction (limited to the amount on line 30) 31 32 -1,823 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) 33 33	19												
22Less depreciation claimed on Schedule A and elsewhere on return22a22b23Depletion232424252525262627272828272829282920Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 1330-1,82331Unrelated business taxable income before specific deduction. Subtract line 31 from line 30313233Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)3333	20									20			
23Depletion2324Contributions to deferred compensation plans2425Employee benefit programs252626272628272828292820Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 1330310-1,823320.1,8233133Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)33	21									001			
24242525262627272828292930Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.30313132-1,82333Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)33													
2526262627282829292930Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.30313132Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.313333													
262627272827292920Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 1330313132Unrelated business taxable income before specific deduction. Subtract line 31 from line 303133Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)33												_	
27 27 28 28 29 29 30 -1,823 31 30 32 -1,823 33 33													
28 28 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	27												
29 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -1,823 31 Net operating loss deduction (limited to the amount on line 30) 31 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 -1,823 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) 33 33	28												
31 Net operating loss deduction (limited to the amount on line 30) 31 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 -1,823 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) 33 33	29	Total deductions. Add I	lines 14 throug	h28									
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 -1,823 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) 33	30											-1,823	
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	31											4	
	32											-1,823	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line	33 34									33			_
34 Onrelated business taxable income. Subtract line 33 from line 32. If the 33 is greater than line 33 is greater than line 33, enter the smaller of zero or line 32 is a second state of the smaller of the smaller of the smaller of the smaller of zero or line 32 is a second state of the smaller of the sma	54									34		-1.823	
For Privacy Act and Paperwork Reduction Act Notice, see instructions.	For P								<u>· · ·</u>		Form		2008

Form 99	00-T (2008) WP-ORG, INC	51-0387	7132	Page 2
Part	III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation on page 15.			
	Controlled group members (sections 1561 and 1563) check here See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
	(1) \$ (2) \$ (3) \$	ŀ		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750).			
	(2) Additional 3% tax (not more than \$100,000) \$			
	Income tax on the amount on line 34	▶ 3	5c	
36	Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on t			
	amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36	
37	Proxy tax. See page 16 of the instructions		37	
38	Alternative minimum tax		38	
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39	
Part				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a			
	Other credits (see page 17 of the instructions)			
c	General business credit. Attach Form 3800		<u>.</u>	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 40a through 40d	4	0e	
			41	
42	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8667 Form 8866		42	
43			43	
	Payments: A 2007 overpayment credited to 2008		+5	
	2008 estimated tax payments			
c	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 44d			
	Backup withholding (see instructions)	+		
e f	Other credits and payments: Form 2439	· · ·		
r				
	Form 4136 Other Total ▶ 44f			
45	Total payments. Add lines 44a through 44f	[]	45	
46	Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	here and	46	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	
49	Enter the amount of line 48 you want: Credited to 2009 estimated tax Refunde		49	
Part		on page	18)	
1	At any time during the 2008 calendar year, did the organization have an interest in or a signature			Yes No
	or other authority over a financial account (bank, securities, or other) in a foreign country?			
	If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and			
-	Financial Accounts. If YES, enter the name of the foreign country here	- (· X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, If YES, see page 5 of the instructions for other forms the organization may have to file.	a toreign i	trust?	X
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	dule A—Cost of Goods Sold. Enter method of inventory valuation ►			
1	Inventory at beginning of year. 1 6 Inventory at end of year		6	
2	Purchases			
3	Cost of labor			
	Additional section 263A costs and in Part I, line 2		7	9,458
τa	(attach schedule) 4a 8 Do the rules of section 26			Yes No
h	Other costs (attach schedule) 4b 9,458 property produced or acqu	-		103 10
5	Total. Add lines 1 through 4b 5 9,458 apply to the organization?			X
	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of			
Sigr	and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	-		
			he IRS discuss the reparer shown be	
Here	Signature of officer Date Title		ctions)?	
	Preparers Difference Check if	P	reparer's SSN	or PTIN
Paid	signature Clobby John 5/3/2010 self-employe		a. c	
Prep	arer's Firm's name (or yours JACKSON ASHBY GOLDSTINE EIN	84-127	3769	
Use	In Iv II self-entiployed).			
	address, and ZIP code 655 BROADWAY,#565, DENVER, CO 80203 Phone no	. 303 67	0-3132	

Form 990-T (2008)

WP-ORG, INC

51-0387132

Schedule C-Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 19)		-	
1 Description of property			
(1)			
(2)			
(3)	 		 75
(4)			

	2 Rent receiv	ed or acc	rued			_				
(a) From personal property (if the pe for personal property is more than more than 50%)		per	centage	m real and personal of rent for persona the rent is based on	I proper	ty exceeds	3(a) Deductions directly connected with the Income in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Total		Total						(192)		
(c) Total income. Add totals of coll here and on page 1, Part I, line 6, c							(b) Total dedu Enter here and Part I, line 6, co	on pag	ie 1,	
Schedule E—Unrelated De	bt-Financed	Incom	e (see	e instructions or	n page	9 19)				
1 Description of debt-	financed property			2 Gross income fr allocable to debt-fi			eductions directly co to debt-finar line depreciation	nced pro		
				property			h schedule)		(attach schedule)	
(1)			540				alitat at a			
(2)								5 3 65		
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (attach schedule)				6 Column 4 divided by column 5	5	11 03263 31 52 72 2273	come reportable 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)										
(2)										
(3)										
(4)										
Totals Total dividends-received deducti					•	Part I, line 7	nd on page 1, , column (A).	contraction of a weat	here and on page 1, line 7, column (B).	
Schedule F-Interest, Ann								structi	ons on page 20)	
				pt Controlled O			•			
1 Name of controlled organization	2 Employ identification n	er	3 Net	unrelated income 4 Total		al of specified ments made	5 Part of column 4 included in the cor organization's gross	trolling	6 Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiza	ations									
7 Taxable Income	8 Net unn (loss) (se			1015 KT 111-143	al of spe ments m		10 Part of column s included in the con organization's gross	itrolling	11 Deductions directly connected with income in column 10	
(1)		14 - 13 14 - 13								
(2)										
(3)										
(4)										
							Add columns 5 and Enter here and on Part I, line 8, colum	bage 1,	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals	<u>.</u>					🕨				

Form 990-T (2008) WP-OR(504/-	1/71 (0)	(17) 0			-0387132	
Schedule G-Investment Incon	ne of a Section	501(C		Or (17) Organ Deductions	ization (see in	structi		tal deductions
1 Description of income	2 Amount of incor	me	direc	ctly connected	4 Set-asides (attach schedu		and se	et-asides (col. 3 blus col. 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on p Part I, line 9, colum			101. C				e and on page 1, e 9, column (B).
Totals		÷ 1						
Schedule I—Exploited Exempt	Activity Income	, Oth	er Than	Advertising In	ncome (see ins	structio	ons on pa	ge 21)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 E) di conne prod un	xpenses irectly ected with luction of related ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	ss) from ated trade 5 Gross income pusiness from activity that nn 2 minus is not unrelated mn 3). If a business income , compute 6 Expenses attributable to column 5		xpenses outable to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	nere and on 1, Part I, 0, col. (B).					Enter here and on page 1, Part II, line 26.
Schedule J—Advertising Incom		on pa	de 21)					
Part I Income From Period				dated Basis				
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs		4 Advertising gain or (loss) (col, 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)				the second second				
Part II Income From Period	icals Reported			e Basis (For ea	ach periodical	listed	in Part I	l, fill in
columns 2 through 7 c	on a line-by-line l	basis.)					,
1 Name of periodical	2 Gross advertising income		Direct ising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income		adership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I							-	
Totals, Part II (lines 1-5) ►	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, 1, coi. (B).					Enter here and on page 1, Part II, line 27.
Schedule K-Compensation of	Officers, Direct	tors, a	and Trus	stees (see instru	uctions on page	22)		
1 Name	1 Name			2 Title	3 Percent of		4 Compensation attributabl unrelated business	
			_					
Total. Enter here and on page 1, Part II, I	ine 14				· · · · · · · ·			

Line 31 (990-T) - Net Operating Loss Carryover

			Amount of	Amount Used	Adjustment		Amount			Net Operating	Oursulation
	Beginning	Ending			Adjustment		Amount			Net Operating	Cumulative
	Loss Period	Loss Period	Net Operating	in Prior Years/	Under Sec.	19 m	Available	Amount Used	Expiring	Loss Available	Unused Net
Carryover Period	(M/D/YYYY)	(M/D/YYYY)	Loss	Carrybacks	170(d)(2)(B)	Adjustments	This Year	This Year	Losses	for Carryover	Operating Loss
15th Preceding Period											
14th Preceding Period											
13th Preceding Period											
12th Preceding Period									_		
11th Preceding Period											
10th Preceding Period											
9th Preceding Period											
8th Preceding Period											
7th Preceding Period											
6th Preceding Period											
5th Preceding Period			7,955				7,955			7,955	7,955
4th Preceding Period			20,434				20,434			20,434	28,389
3rd Preceding Period											28,389
2nd Preceding Period											28,389
1st Preceding Period											28,389
Current Period	8/31/2008	9/30/2009	1,823				1,823			1,823	30,212

Taxable Income Before Net Operating Loss:

Total Net Operating Loss Used This Year:

- -

Line 4b, Sch A (990-T) - Other Costs for Cost of Goods Sold

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment		
	c 50% of line b	_	
	d Subtract line c from line b	1d	
2	Depreciation	2 _	
3	Compensation of officers		
4	Salesperson wages and commissions	4 _	
5	Indirect labor	5	
6	Rent	6	
7	Credit Card Payouts	7	
8	Credit Card RRP	8 _	
9	Direct Labor	9 _	9,458
10	Contributions matched by contributors' companies	10	
11	Contributions for National Ranger Memorial Fund	11 _	
	Credit Card clearing costs	12	
13	Fund Drive collections	13 _	
14		14 _	
15		15	
16	Total other costs		9,458
17	Reduction of expenses for offsetting credits (see attached statement)		
18	Total other costs less expenses for offsetting credits	18	9,458

Form 990-T (2008) WP-OR(-0387132	
Schedule G—Investment Incon	ne of a Section	<u>501(c)</u>		or (17) Organ Deductions	ization (see in	structi		age 21) tal deductions
1 Description of income	2 Amount of inco	me	direc	tly connected	4 Set-asides (attach schedu		and s	et-asides (col. 3 blus col. 4)
(1)								
(2)								
(3)								
(4)								
	Enter here and on p Part I, line 9, colum			1995-1995				re and on page 1, e 9, column (B).
Totals								
Schedule I-Exploited Exempt	Activity Income	e, Othe	er Than	Advertising l	ncome (see ins	structio	ons on pa	ge 21)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir connec produ unre	penses ectly cted with iction of elated ss income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	attri	xpenses butable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)						L		· · · · · · · · · · · · · · · · · · ·
(3)								
(4)								
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 26.
Schedule J—Advertising Incom			10 21)		10.000			
Part I Income From Period				lated Basis				
1 Name of periodical	2 Gross advertising income	3 0	Direct Sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)		<u> </u>						
(4)								
Totals (carry to Part II, line (5))								
Part II Income From Period columns 2 through 7 c			eparate	e Basis (For ea	ach periodical	listed	in Part I	l, fill in
1 Name of periodical	2 Gross advertising income	3 0)irect sing costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	1	eadership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I							3	
Totals, Part II (lines 1-5) ►	Enter here and on page 1, Part I, line 11, col. (A).	page '	ere and on 1, Part I, , col. (B).					Enter here and on page 1, Part II, line 27.
Schedule K—Compensation of	Officers Direc	fore a	nd True	toos (see instr	uctions on page	221		
1 Name			nu mu	2 Title	3 Percent of time devoted business	f		tion attributable to ed business
Total. Enter here and on page 1, Part II, I	ine 14		<u>.</u>				F	form 990-T (2008)

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