Form **990**

Department of the Treasury
Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 10/1/2003 **, and ending** 9/30/2004

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WP-ORG, Inc.

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
P O Box 4 |

City or town | State or country | ZIP + 4
Willis | VA | 24380

D Employer identification number
51-0387132

E Telephone number
540 745-3411

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

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

G Website: ▶

H *and* **I** *are not applicable to section 527 organizations.*

H(a) Is this a group return for affiliates? ☐ Yes ☐ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

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

I Group Exemption Number ▶

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

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 541,731

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	517,663	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	**Total** (add lines 1a through 1c) (cash $ _____ noncash $ _____)			1d 517,663
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 891
	6 a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ 517,663 of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11 23,177
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 541,731
Expenses	13	Program services (from line 44, column (B))			13 552,864
	14	Management and general (from line 44, column (C))			14
	15	Fundraising (from line 44, column (D))			15
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 552,864
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 -11,133
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 81,589
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 70,456

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2003)

(HTA)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash $ _____ noncash $ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	462	462		
34	Telephone	34	3,364	3,364		
35	Postage and shipping	35	367	367		
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	49	49		
39	Travel	39	3,496	3,496		
40	Conferences, conventions, and meetings	40				
41	Interest	41	25	25		
42	Depreciation, depletion, etc. (attach schedule)	42	25,414	25,414		
43	Other expenses not covered above (itemize): **a** Corp Fees	43a	169	169		
	b Consulting/Employee Leasing	43b	194,711	194,711		
	c Internet Costs	43c	29,583	29,583		
	d Bank Fees	43d	19,909	19,909		
	e See attached schedule	43e	275,315	275,315		
	f	43f				
44	**Total functional expenses** (add lines 22 through 43). ***Organizations completing columns (B)-(D), carry these totals to lines 13-15***	44	552,864	552,864		

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ _____; **(ii)** the amount allocated to Program services $ _____; **(iii)** the amount allocated to Management and general $ _____; and **(iv)** the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? ▶ Education - especially in the area of national military

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.

a Operations consist of educaing the public through information and services provided on the world wide web of matters pertaining to the U.S. Military Academy. U S Naval Academy, and U S Government affairs associated with military members, past members, family and general public
(Grants and allocations $) 552,864

b (Grants and allocations $)

c (Grants and allocations $)

d (Grants and allocations $)

e Other program services (attach schedule) (Grants and allocations $)

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 552,864

Part IV **Balance Sheets** (See page 25 of the instructions.)

					(A) Beginning of year		(B) End of year
	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*						
Assets	**45** Cash—non-interest-bearing					**45**	31,030
	46 Savings and temporary cash investments				50,556	**46**	66,155
	47 a Accounts receivable	**47a**					
	b Less: allowance for doubtful accounts	**47b**				**47c**	
	48 a Pledges receivable	**48a**					
	b Less: allowance for doubtful accounts	**48b**				**48c**	
	49 Grants receivable					**49**	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)					**50**	
	51 a Other notes and loans receivable (attach schedule)	**51a**					
	b Less: allowance for doubtful accounts	**51b**				**51c**	
	52 Inventories for sale or use					**52**	
	53 Prepaid expenses and deferred charges					**53**	
	54 Investments—securities (attach schedule) ▶ ☐ Cost ☐ FMV					**54**	
	55 a Investments—land, buildings, and equipment: basis	**55a**					
	b Less: accumulated depreciation (attach schedule)	**55b**				**55c**	
	56 Investments—other (attach schedule)					**56**	
	57 a Land, buildings, and equipment: basis	**57a**	133,274				
	b Less: accumulated depreciation (attach schedule)	**57b**	125,922		30,626	**57c**	7,352
	58 Other assets (describe ▶ Deposits)				748	**58**	748
	59 **Total assets** (add lines 45 through 58) (must equal line 74)				81,930	**59**	105,285
Liabilities	**60** Accounts payable and accrued expenses					**60**	
	61 Grants payable					**61**	
	62 Deferred revenue					**62**	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)					**63**	
	64 a Tax-exempt bond liabilities (attach schedule)					**64a**	
	b Mortgages and other notes payable (attach schedule)					**64b**	
	65 Other liabilities (describe ▶ See attached worksheet)				341	**65**	34,488
	66 **Total liabilities** (add lines 60 through 65)				341	**66**	34,488
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.						
	67 Unrestricted					**67**	
	68 Temporarily restricted					**68**	
	69 Permanently restricted					**69**	
	Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 70 through 74.						
	70 Capital stock, trust principal, or current funds					**70**	
	71 Paid-in or capital surplus, or land, building, and equipment fund					**71**	
	72 Retained earnings, endowment, accumulated income, or other funds				81,589	**72**	70,797
	73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)				81,589	**73**	70,797
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)				81,930	**74**	105,285

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements ▶	a	
b	Amounts included on line **a** but not on line 12, Form 990:		
	(1) Net unrealized gains on investments $		
	(2) Donated services and use of facilities $		
	(3) Recoveries of prior year grants $		
	(4) Other (specify): $		
	$		
	Add amounts on lines **(1)** through **(4)** ▶	b	
c	Line **a** minus line **b** ▶	c	
d	Amounts included on line 12, Form 990 but not on line **a:**		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify): $		
	$		
	Add amounts on lines **(1)** and **(2)** ▶	d	
e	Total revenue per line 12, Form 990 (line **c** plus line **d**) ▶	e	

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

a	Total expenses and losses per audited financial statements ▶	a	
b	Amounts included on line **a** but not on line 17, Form 990:		
	(1) Donated services and use of facilities $		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify): $		
	$		
	Add amounts on lines **(1)** through **(4)** ▶	b	
c	Line **a** minus line **b** ▶	c	
d	Amounts included on line 17, Form 990 but not on line **a:**		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify): $		
	$		
	Add amounts on lines **(1)** and **(2)** ▶	d	
e	Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.) SEE ATTACHED SCHEDULE

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ **Yes** ☒ **No**
If "Yes," attach schedule—see page 28 of the instructions.

Part VI **Other Information** (See page 28 of the instructions.)

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt **or** ☐ nonexempt.			
81 a	Enter direct and indirect political expenditures. See line 81 instructions **81a**			
b	Did the organization file **Form 1120-POL** for this year?	81b		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) **82b**			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members **85c**			
d	Section 162(e) lobbying and political expenditures **85d**			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f**			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12 **86a**			
b	Gross receipts, included on line 12, for public use of club facilities **86b**			
87	*501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders **87a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **87b**			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____			
90 a	List the states with which a copy of this return is filed ▶ _____			
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) **90b**			
91	The books are in care of ▶ Name Jack Price, Director and Finance Officer Telephone no. ▶ 540-745-3411			
	Located at ▶ P O Box 4, Floyd, VA City ST Zip + 4 ▶ 24380			
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***— Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** N/A			

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue:					
a				215,993	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments				1,210	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e		-520			
104 Subtotal (add columns (B), (D), and (E))		-520		217,203	0
105 TOTAL (add line 104, columns (B), (D), and (E)) ▶					216,683

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions).*

Please Sign Here

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.

John S Price — 2/28/2005

Signature of officer — Date

Jack Price — Finance Officer

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W)
	4/6/2005		
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JACKSON ASHBY GOLDSTINE, PC PO BOX 1072, EVERGREEN, CO 80437			EIN ▶ 84-1273769 Phone no. ▶

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2003

Department of the Treasury
Internal Revenue Service

For calendar year 2003 or other tax year beginning 10/1/2003 **, and ending** 9/30/2004

▶ **See separate instructions.**

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book Value of all assets at end of year

Please Print or Type

Name of organization (☐ check box if name changed and see instructions)
WP-ORG, Inc.

Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.)
P O Box 4

City or town | State | ZIP code
Willis | VA | 24380

D Employer identification number (Employees' trust, see instructions for Block D on page 7.)
51-0387132

E New unrelated business activity codes (See instructions for Block E on page 7.)

F Group exemption number (see instructions for Block F on page 7) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ Jack Price, Director and Finance Officer Telephone number ▶ 540-745-3411

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 23,177				
b	Less returns and allowances c Balance ▶	1c	23,177		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit (subtract line 2 from line 1c)	3	23,177		23,177
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (see page 9 of the instructions—attach schedule)	12			
13	**Total** (combine lines 3 through 12)	13	23,177		23,177

Part II **Deductions Not Taken Elsewhere** (See page 9 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		
20	Charitable contributions (see page 11 of the instructions for limitation rules)	20		
21	Depreciation (attach Form 4562) 21			
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		31,305
29	**Total deductions** (add lines 14 through 28)	29		31,305
30	Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30		-8,128
31	Net operating loss deduction	31		
32	Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	32		-8,128
33	Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)	33		
34	**Unrelated business taxable income** (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-8,128

Tax Computation

35	ORGANIZATIONS TAXABLE AS CORPORATIONS (see instructions for tax computation on page 12). Controlled group members (sections 1561 and 1563) - check here [X]. SEE INSTRUCTIONS and:			
	a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ 2,471 (2) $ (3) $			
	b Enter organization's share of: (1) additional 5% tax (not more than $11,750)	$ 0		
	(2) additional 3% tax (not more than $100,000)	$ 0		
	c Income tax on the amount on line 34		35c	0
36	TRUSTS TAXABLE AT TRUST RATES (see instructions for tax computation on page 13) Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] or Schedule D (Form 1041)		36	0
37	PROXY TAX (see page 13 of the instructions)		37	
38	Alternative minimum tax		38	
39	TOTAL (add lines 37 and 38 to line 35c or 36, whichever applies)		39	0

Tax and Payments

40	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	0			
	b Other credits (see page 13 of the instructions)	40b				
	c General business credit - Check here and indicate which forms are attached: [ ] Form 3800 [ ] Form(s)(specify)	40c	0			
	d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	0			
	e TOTAL CREDITS (add lines 40a through 40d)			40e		0
41	Subtract line 40e from line 39			41		0
42	Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach sch.)			42		0
43	TOTAL TAX (add lines 41 and 42)			43		0
44	PAYMENTS: a 2001 overpayment credited to 2002	44a				
	b 2002 estimated tax payments	44b				
	c Tax deposited with Form 8868	44c	0			
	d Foreign organizations - Tax paid or withheld at source (see instructions)	44d				
	e Backup withholding (see instructions)	44e				
	f Other credits and payments (see instructions)	44f	0			
45	TOTAL PAYMENTS (add lines 44a through 44f)			45		0
46	Estimated tax penalty (see page 4 of the instructions). Check [ ] if Form 2220 is attached			46		0
47	TAX DUE - If line 45 is less than the total of lines 43 and 46, enter amount owed			47		0
48	OVERPAYMENT - If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			48		0
49	Enter the amount of line 48 you want: Credited to 2003 estimated tax 0 Refunded			49		0

Statements Regarding Certain Activities and Other Information (See instructions on page 15.)

		Yes	No
1	At any time during the 2002 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," the organization may have to file Form TD F 90-22.1. 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, a foreign trust? If "Yes," see page 15 of the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		

Schedule A - Cost of Goods Sold (See instructions on page 16.)

Method of inventory valuation (specify)

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	COST OF GOODS SOLD. Subtract line 6 from line 5. (Enter here and on line 2, Part I.)	7	0
3	Cost of labor	3					
4 a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No X
b	Other costs (attach schedule)	4b					
5	TOTAL - Add lines 1 through 4b	5	0				

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

John S... 12/28/2005 Finance Officer

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer's Use Only

Preparer's signature	Ashby Goldstine, PC	Date 4/5/2005	Check if self-employed [ ]
Preparer's SSN or PTIN			
Firm's name (or yours if self-employed), address, and ZIP code	JACKSON ASHBY GOLDSTINE, PC PO BOX 1072, EVERGREEN, CO 80437	EIN	84-1273769
		Phone no.	

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

(See instructions on page 16.)

1 Description of property

(1)
(2)
(3)
(4)

	2 Rent received or accrued	
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	**3** Deductions directly connected with the income in columns 2(a) and 2(b) (attach sch.)
(1)			
(2)			
(3)			
(4)			
Total	Total		**Total deductions.** Enter here and on line 6, column (B), Part I, page 1 ▶

Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.) ▶

Schedule E—Unrelated Debt-Financed Income (See instructions on page 16.)

	1 Description of debt-financed property	**2** Gross income from or allocable to debt-financed property	**3** Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	**(b)** Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	**5** Average adjusted basis of or allocable to debt-financed property (attach schedule)	**6** Column 4 divided by column 5	**7** Gross income reportable (column 2 x column 6)	**8** Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)					
(2)					
(3)					
(4)					
Totals ▶				Enter here and on line 7, col. (A), Part I, page 1.	Enter here and on line 7, col. (B), Part I, page 1.
Total dividends-received deductions included in column 8 ▶					

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 17.)

Exempt Controlled Organizations

	1 Name of Controlled Organization	**2** Employer Identification Number	**3** Net unrelated income (loss) (see instructions)	**4** Total of specified payments made	**5** Part of column (4) that is included in the controlling organization's gross income	**6** Deductions directly connected with income in col (5)
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7 Taxable Income	**8** Net unrelated income (loss) (see instructions)	**9** Total of specified payments made	**10** Part of column (9) that is included in the controlling organization's gross income	**11** Deductions directly connected with income in column (10)
(1)					
(2)					
(3)					
(4)					
Totals ▶				Add columns 5 and 10. Enter here and on line 8, Column (A), Part I, page 1.	Add columns 6 and 11. Enter here and on line 8, Column (B), Part I, page 1.

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 18.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶	Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line 9, column (B), Part I, page 1.

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business 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	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶	Enter here and on line 10, col. (A), Part I, pg. 1.	Enter here and on line 10, col. (B), Part I, pg. 1.				Enter here and on line 26, Part II, page 1.

Schedule J—Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated 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)						
Totals (carry to Part II, line (5)) ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) **Totals from Part I**						
Totals, Part II (lines 1-5) ▶	Enter here and on line 11, col. (A), Part I, pg. 1.	Enter here and on line 11, col. (B), Part I, pg. 1.				Enter here and on line 27, Part II, page 1.

Schedule K—Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
Total—Enter here and on line 14, Part II, page 1 ▶			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2003

Name of the organization

WP-ORG, Inc.

Employer identification number

51-0387132

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
Name NONE Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over $50,000 . . . . . ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
Name NONE Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Name Check here if a business ☐ Str City ST ZIP Country		
Total number of others receiving over $50,000 for professional services . . ▶		

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► $ _____ (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3 **a**	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- **5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- **6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- **7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- **8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- **9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____ City _____ ST _____ Country
- **10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- **11 a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- **11 b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- **12** ☒ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- **13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

- **14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	215,993	277,218	140,411	103,935	737,557
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,210	546			1,756
19 Net income from unrelated business activities not included in line 18	3,471	818			4,289
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	220,674	278,582	140,411	103,935	743,602
24 Line 23 minus line 17	220,674	278,582	140,411	103,935	743,602
25 Enter 1% of line 23	2,207	2,786	1,404	1,039	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶	26a	14,872
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶	26d	
e Public support (line 26c minus line 26d total) ▶	26e	
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶	26f	

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2002) _____ (2001) _____ (2000) _____ (1999) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2002) _____ (2001) 15,000 (2000) 27,000 (1999) _____

c Add: Amounts from column (e) for lines: 15 737,557 16 _____ 17 _____ 20 _____ 21 _____ ▶	27c	737,557
d Add: Line 27a total _____ and line 27b total 42,000 ▶	27d	42,000
e Public support (line 27c total minus line 27d total) ▶	27e	695,557
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f 743,602		
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶	27g	93.54%
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶	27h	0.24%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	**29**		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	**30**		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	**31**		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	**32a**		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	**32b**		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	**32c**		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	**32d**		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	**33a**		
b	Admissions policies?	**33b**		
c	Employment of faculty or administrative staff?	**33c**		
d	Scholarships or other financial assistance?	**33d**		
e	Educational policies?	**33e**		
f	Use of facilities?	**33f**		
g	Athletic programs?	**33g**		
h	Other extracurricular activities?	**33h**		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	**34a**		
b	Has the organization's right to such aid ever been revoked or suspended?	**34b**		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	**35**		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

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

Check ► **a** ☐ if the organization belongs to an affiliated group. Check ► **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38	Total lobbying expenditures (add lines 36 and 37)	**38**		
39	Other exempt purpose expenditures	**39**		
40	Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41	Lobbying nontaxable amount. Enter the amount from the following table—			
	If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
	Not over $500,000 — 20% of the amount on line 40			
	Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
	Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	**41**		
	Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
	Over $17,000,000 — $1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	**43**		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	**44**		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in) ►	**(a)** 2003	**(b)** 2002	**(c)** 2001	**(d)** 2000	**(e)** Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Yes	No	Amount
a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c	Media advertisements			
d	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines **c** through **h.**)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
	(i) Cash	51a(i)		
	(ii) Other assets	a(ii)		
b	Other transactions:			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		
	(iii) Rental of facilities, equipment, or other assets	b(iii)		
	(iv) Reimbursement arrangements	b(iv)		
	(v) Loans or loan guarantees	b(v)		
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ **Yes** ☐ **No**

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2003

Attachment Sequence No. **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
WP-ORG, Inc.		51-0387132

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	**1**	100,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	**2**	
3	Threshold cost of section 179 property before reduction in limitation	**3**	400,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	**4**	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	**5**	100,000

	(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7	Listed property. Enter the amount from line 29 **7**		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	**8**	
9	Tentative deduction. Enter the smaller of line 5 or line 8	**9**	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562.	**10**	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	**12**	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12 ▶ **13**		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	**14**	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	**15**	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	**16**	

Part III MACRS Depreciation (Do not include listed property.**)** (See page 4 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2003	**17**	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

	(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19	**a** 3-year property						
	b 5-year property						
	c 7-year property						
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs.		S/L	
	h Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
	i Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20	**a** Class life					S/L	
	b 12-year			12 yrs.		S/L	
	c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 6 of the instructions)

21	Listed property. Enter amount from line 28	**21**	26,916
22	**Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.** Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	**22**	26,916
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs **23**		

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See page 7 of the instructions for limits for passenger automobiles.* **)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 6 of the instructions) . .						**25**		
26 Property used more than 50% in a qualified business use (see page 6 of the instructions):								
See Attached Sch.							26,916	
27 Property used 50% or less in a qualified business use (see page 6 of the instructions):								
						S/L-		
						S/L-		
						S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**	26,916	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								**29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles - see page 2 of the instructions)												
31 Total commuting miles driven during the year . .												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see page 8 of the instructions).

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)		
Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see pg. 9 of the instructions):					
43 Amortization of costs that began before your 2003 tax year					**43**
44 **Total.** Add amounts in column (f). See page 9 of the instructions for where to report					**44**

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

* If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box X

* If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form).

NOTE: DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868.

PART I AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE: FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only . . . . ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

TYPE OR PRINT	Name of Exempt Organization	EMPLOYER IDENTIFICATION NUMBER
	WP-ORG, Inc.	51-0387132
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P O Box 595	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Floyd	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return):

[X] Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

* If the organization does NOT have an office or place of business in the United States, check this box . . . . . ☐

* If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the WHOLE group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 5/15/2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year _____ or

[X] tax year beginning 10/1/2002 , and ending 9/30/2003

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

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . $ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . $ 0

c BALANCE DUE. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . $ 0

SIGNATURE AND VERIFICATION

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

Signature Ashley Golden Title CPAs Date 2/14/2004

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Note: ***Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.***

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

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ► [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	**Employer identification number**
	WP-ORG, Inc.	51-0387132
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P O Box 4	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Willis, VA 24380	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 5/15/2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year _____ or

► [X] tax year beginning 10/1/2003 , and ending 9/30/2004

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

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . **$**

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . **$**

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . **$**

Signature and Verification

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

Signature ► Title ► Date ►

Line 1a (990) - Direct public support

1	Contributions	1	245,893
2	Non Cash Contributions	2	271,770
3	Special events contributions (Line 9 - Special Events)	3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	517,663

Line 57 (990) - Land, buildings, and equipment

	Land (net of any amortization)		Land (net of any amortization) Beginning		End
1		1			
2		2			
3		3			
4		4			
5		5			
6	Total land (net of any amortization)	6			

	Buildings and equipment		Buildings and equipment Beginning		End	Accumulated depreciation Beginning		End
7		7	131,134		133,274	100,508		125,922
8		8						
9		9						
10		10						
11		11						
12		12						
13		13						
14		14						
15		15						
16		16						
17	Total buildings and equipment	17	131,134		133,274	100,508		125,922
18	Buildings and equipment (less accumulated depreciation)	18				30,626		7,352
19	Total land, buildings and equipment	19				30,626		7,352

	Category or Item		Cost/Other Basis		Accumulated Depreciation		Book Value
1		1					
2		2					
3		3					
4		4					
5		5					
6		6					
7		7					
8		8					
9		9					
10		10					
11	Total	11					

Line 58 (990) - Other assets

			Beginning		End
1	Deposits	1	748		748
2		2			
3		3			
4		4			
5		5			
6		6			
7		7			
8		8			
9		9			
10		10			
11	Total other assets	11	748		748

Line 65 (990) - Other liabilities

			Beginning		End
1	UBI Taxes Due	1	341		
2	Checking Account Deficit	2			34,488
3		3			
4		4			
5		5			
6		6			
7		7			
8		8			
9		9			
10		10			
11	Total other liabilities	11	341		34,488

Line 28 (990-T) - Other Deductions

1	LEASED EMPLOYEE EXPENSE	1	31,305
2	Total other deductions	2	31,305

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

			NOL Carryover Amount	Deduction Allowed in Current Year	Adjustment Under Section 170(d)(2)(B)	Remaining NOL Carryover
1	Taxable income after special deductions . . 1					
2	**Carryover Period:**					
a	15th preceding period - 1988	**2a**				
b	14th preceding period - 1989	**2b**				
c	13th preceding period - 1990	**2c**				
d	12th preceding period - 1991	**2d**				
e	11th preceding period - 1992	**2e**				
f	10th preceding period - 1993	**2f**				
g	9th preceding period - 1994	**2g**				
h	8th preceding period - 1995	**2h**				
i	7th preceding period - 1996	**2i**				
j	6th preceding period - 1997	**2j**				
k	5th preceding period - 1998	**2k**				
l	4th preceding period - 1999	**2l**				
m	3rd preceding period - 2000	**2m**				
n	2nd preceding period - 2001	**2n**				
o	1st preceding period - 2002	**2o**				
p	Totals	**2p**				

3	Less: Amount of carryover expiring due to 15-year limitation	3	
4	Add: Current year Net Operating Loss	4	8,128
5	Total amount of Net Operating Loss carryovers to next year	5	8,128

Federal Depreciation Report For 4562 **WP-ORG, Inc.** **51-0387132** **Tax Year: 09/30/04**

Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Placed In Service New	Balance Sheet Location	Cost or Other Basis	Less Sec. 179 Deduction	Less Special Allowance	Recovery Basis	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2003 Current Deprec.	2003 Accum. Deprec.
Listed property with more than 50% business use (Line 26)																
1	Computer Equipment	10/1/1999	L	100.00%	YES	B	34,680			34,680	5	S/L-GDS	HY	20,531	6,936	27,467
2	Computer Equipment	3/1/2000	L	100.00%	YES	B	84,561			84,561	5	S/L-GDS	HY	33,824	16,912	50,736
3	Computer Equipment	3/1/2001	L	100.00%	YES	B	15,341			15,341	5	S/L-GDS	HY	6,136	3,068	9,204
							134,582			134,582				60,491	26,916	87,407
		Totals:					134,582			134,582				60,491	26,916	87,407

Federal Depreciation Report By Tax Classification

Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Placed In Service New	Balance Sheet Location	Cost or Other Basis	Less Sec. 179 Deduction	Less Special Allowance	Recovery Basis	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2003 Current Deprec.	2003 Accum. Deprec.
5 yr - Other listed property, computer equipment, qualified nonpersonal use vehicles																
1	Computer Equipment	10/1/1999	L	100.00%	YES	B	34,680			34,680	5	S/L-GDS	HY	20,531	6,936	27,467
2	Computer Equipment	3/1/2000	L	100.00%	YES	B	84,561			84,561	5	S/L-GDS	HY	33,824	16,912	50,736
3	Computer Equipment	3/1/2001	L	100.00%	YES	B	15,341			15,341	5	S/L-GDS	HY	6,136	3,068	9,204
							134,582			134,582				60,491	26,916	87,407
	Totals:						134,582			134,582				60,491	26,916	87,407

Federal Depreciation Report For Next Yea WP-ORG, Inc. **51-0387132** **Tax Year: 09/30/04**

Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Placed In Service New	Balance Sheet Location	Cost or Other Basis	Less Sec. 179 Deduction	Less Special Allowance	Recovery Basis	Recovery Period (years)	Method	Con-vention Code	2003 Accum. Deprec.	2004 Current Deprec.	2004 Accum. Deprec.
Listed property with more than 50% business use (Line 26)																
1	Computer Equipment	10/1/1999	L	100.00%	YES	B	34,680			34,680	5	S/L-GDS	HY	27,467	3,468	30,935
2	Computer Equipment	3/1/2000	L	100.00%	YES	B	84,561			84,561	5	S/L-GDS	HY	50,736	8,456	59,192
3	Computer Equipment	3/1/2001	L	100.00%	YES	B	15,341			15,341	5	S/L-GDS	HY	9,204	3,068	12,272
							134,582			134,582				87,407	14,992	102,399
		Totals:					134,582			134,582				87,407	14,992	102,399

Federal Depreciation Report For AMT **WP-ORG, Inc.** **51-0387132** **Tax Year: 09/30/04**

Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Placed In Service New	Cost or Other Basis	Less Sec. 179 Deduction	Less Special Allowance	AMT Type	Recovery Basis	Recovery Period (years)	Method	Prior Accum. Deprec.	2003 Current Deprec.	2003 Accum. Deprec.	Special Allowance Difference	Preference Difference
Listed property with more than 50% business use (Line 26)																	
1	Computer Equipment	10/1/1999	L	100.00%	YES	34,680				34,680	5	S/L-GDS	27,190	6,936	34,126		
2	Computer Equipment	3/1/2000	L	100.00%	YES	84,561				84,561	5	S/L-GDS	33,824	16,912	50,736		
3	Computer Equipment	3/1/2001	L	100.00%	YES	15,341				15,341	5	S/L-GDS	6,136	3,068	9,204		
						134,582				134,582			67,150	26,916	94,066		
		Totals:				134,582				134,582			67,150	26,916	94,066		

51-0387132 WP-ORG, INC

Cost of Volunteer Services	271,770
Insurance	1,380
Meetings	2,165
Total	275,315

State Depreciation Report For 4562 **WP-ORG, Inc.** **51-0387132** **Tax Year: 09/30/04**

Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Placed In Service New	Balance Sheet Location	Cost or Other Basis	Less Sec. 179 Deduction	Less Special Allowance	Recovery Basis	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec.	2003 Current Deprec.	2003 Accum. Deprec.	Special Allowance Difference	Fed - State Difference
Listed property with more than 50% business use (Line 26)																		
1	Computer Equipment	10/1/1999	L	100.00%	YES	B	34,680			34,680	5	200DB	HY	3,995	3,995	7,990		2,941
2	Computer Equipment	3/1/2000	L	100.00%	YES	B	84,561			84,561	5	200DB	HY	9,741	9,741	19,482		7,171
3	Computer Equipment	3/1/2001	L	100.00%	YES	B	15,341			15,341	5	200DB	HY	2,945	1,767	4,712		1,301
							134,582			134,582				16,681	15,503	32,184		11,413
		Totals:					134,582			134,582				16,681	15,503	32,184		11,413

State Depreciation Report By Tax Classification

Item No.	Description of Property	Date Placed in Service	Asset Code	Bus. Use %	Placed In Service New	Balance Sheet Location	Cost or Other Basis	Less Sec. 179 Deduction	Less Special Allowance	Recovery Basis	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec.	2003 Current Deprec.	2003 Accum. Deprec.	Special Allowance Difference	Fed - State Difference
5 yr - Other listed property, computer equipment, qualified nonpersonal use vehicles																		
1	Computer Equipment	10/1/1999	L	100.00%	YES	B	34,680			34,680	5	200DB	HY	3,995	3,995	7,990		2,941
2	Computer Equipment	3/1/2000	L	100.00%	YES	B	84,561			84,561	5	200DB	HY	9,741	9,741	19,482		7,171
3	Computer Equipment	3/1/2001	L	100.00%	YES	B	15,341			15,341	5	200DB	HY	2,945	1,767	4,712		1,301
							134,582			134,582				16,681	15,503	32,184		11,413
	Totals:						134,582			134,582				16,681	15,503	32,184		11,413

WP-ORG, INC. 51-0387132
FY 10/01/2002 to 09/30/2003

NAME	TITLE	WEEKLY HRS	COMP	CONTRIB TO BENE	EXPENSES
DICK BREAKIRON 10301 N. KINGS HIGHWAY, MYRTLE BEACH, SC 29572	CEO	25	0	0	$1,159.39
JACK PRICE PO BOX 595, FLOYD, VA 24091	CFO	35	0	0	1,976.15
DEMPSEY DARROW 7920 SAN FELIPE BLVD, #1804, AUSTIN, TX 78729	DIRECTOR	10	0	0	548.60
JOHN GREIMAN 799 E. REDWOOD COURT, HIGHLANDS RANCH, CO 80126	DIRECTOR	10	0	0	0.00
WARREN HEARNES 4061 WATER OAK TERRACE SW, LILBURN, GA 30047	DIRECTOR	5	0	0	6,624.02
MIKE LYMAN 3720 247th AVE, SE, ISSAQUAH, WA 98029	DIRECTOR	5	0	0	0.00
DAN McCARTHY ADDRESS	DIRECTOR	5	0	0	0.00
BOB MAGRUDER 2615 STEEPLECHASE DR, RESTON, VA 20191	DIRECTOR	5	0	0	0.00
DIAN WELLE 33360 WISCONSIN St ACTON, CA 93510	DIRECTOR	5	0	0	0.00
BILL WELTER 105 OVERLOOK DRIVE, WILLIAMSBURG, VA 23185	DIRECTOR	10	0	0	0.00
					$10,308.16