

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)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form header section including: 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; C Name of organization WP-ORG, Inc.; D Employer identification number 51-0387132; E Telephone number 540 745-3411; F Accounting method: X Cash; G Website; J Organization type: X 501(c)(3); K Check here; L Gross receipts: 541,731

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

Table with 12 columns for revenue and expenses. Rows include: 1 Contributions, gifts, grants, and similar amounts received (Total 517,663); 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities (Total 891); 6 Gross rents (Net rental income); 7 Other investment income; 8 Gross amount from sales of assets other than inventory (Net gain); 9 Special events and activities (Net income); 10 Gross sales of inventory (Gross profit); 11 Other revenue (Total 23,177); 12 Total revenue (541,731); 13 Program services (552,864); 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses (552,864); 18 Excess or (deficit) for the year (-11,133); 19 Net assets or fund balances at beginning of year (81,589); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (70,456)

For Paperwork Reduction Act Notice, see the separate instructions.

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.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses not covered above (itemize): a Corp Fees, b Consulting/Employee Leasing, c Internet Costs, d Bank Fees, e See attached schedule, f, 44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.

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.)

Table with 2 columns: Description of program service accomplishments, Program Service Expenses. Row a: Operations consist of educating 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). Row b: (Grants and allocations \$). Row c: (Grants and allocations \$). Row d: (Grants and allocations \$). Row e: Other program services (attach schedule) (Grants and allocations \$). Row 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.)

		Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
Assets	45	Cash—non-interest-bearing			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)		<input type="checkbox"/> Cost <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			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.)

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

a Total revenue, gains, and other support per audited financial statements ▶	a		a Total expenses and losses per audited financial statements ▶	a	
b Amounts included on line a but not on line 12, Form 990:			b Amounts included on line a but not on line 17, Form 990:		
(1) Net unrealized gains on investments . . . \$			(1) Donated services and use of facilities . . . \$		
(2) Donated services and use of facilities . . . \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants \$			(3) Losses reported on line 20, Form 990 \$		
(4) Other (specify):			(4) Other (specify):		
\$			\$		
\$			\$		
Add amounts on lines (1) through (4) . . . ▶	b		Add amounts on lines (1) through (4) . . . ▶	b	
c Line a minus line b ▶	c		c Line a minus line b ▶	c	
d Amounts included on line 12, Form 990 but not on line a :			d Amounts included on line 17, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment expenses not included on line 6b, Form 990 \$		
(2) Other (specify):			(2) Other (specify):		
\$			\$		
\$			\$		
Add amounts on lines (1) and (2) . . . ▶	d		Add amounts on lines (1) and (2) . . . ▶	d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e		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 <input type="checkbox"/> exempt or <input type="checkbox"/> 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 ▶ <u>Name Jack Price, Director and Finance Officer</u> Telephone no. ▶ <u>540-745-3411</u> Located at ▶ <u>P O Box 4, Floyd, VA</u> City <u>ST</u> Zip + 4 ▶ <u>24380</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> 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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
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 _____					
104 Subtotal (add columns (B), (D), and (E))		-520		217,203	0
105 TOTAL (add line 104, columns (B), (D), and (E))		-520			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.

Signature of officer: John Stice Date: 1/28/2005

Type or print name and title: Jack Price Finance Officer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 1/5/2005 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: JACKSON ASHBY GOLDSTINE, PC
PO BOX 1072, EVERGREEN, CO 80437

Preparer's SSN or PTIN (See Gen. Inst. W):
EIN: 84-1273769
Phone no.:

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

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.

2003

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Please Print or Type	Name of organization (<input type="checkbox"/> 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.)
C Book Value of all assets at end of year	F Group exemption number (see instructions for Block F on page 7) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> 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			
		1c 23,177		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit (subtract line 2 from line 1c)	23,177		23,177
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (see page 9 of the instructions—attach schedule)			
13	Total (combine lines 3 through 12)	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)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (see page 11 of the instructions for limitation rules)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			31,305
29	Total deductions (add lines 14 through 28)			31,305
30	Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)			-8,128
31	Net operating loss deduction			
32	Unrelated business taxable income before specific deduction (subtract line 31 from line 30)			-8,128
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			
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			-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 <input checked="" type="checkbox"/> . SEE INSTRUCTIONS and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>2,471</u> (2) \$ <u> </u> (3) \$ <u> </u> b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) \$ <u> </u> 0 (2) additional 3% tax (not more than \$100,000) \$ <u> </u> 0 c Income tax on the amount on line 34	35c	<u> </u> 0
36	TRUSTS TAXABLE AT TRUST RATES (see instructions for tax computation on page 13) Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> or Schedule D (Form 1041)	36	<u> </u> 0
37	PROXY TAX (see page 13 of the instructions)	37	<u> </u>
38	Alternative minimum tax	38	<u> </u>
39	TOTAL (add lines 37 and 38 to line 35c or 36, whichever applies)	39	<u> </u> 0

Tax and Payments

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

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

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	Yes	No
			<input checked="" type="checkbox"/>
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.	Yes	No
			<input checked="" type="checkbox"/>
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ <u> </u>		

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

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

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.

Sign Here
 Signature of officer: John Stine Date: 12/28/2005
 Finance Officer Title

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

Paid Preparer's Use Only
 Preparer's signature: John 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

Table with 4 rows for property description (1-4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

Table with 4 rows for rent received (1-4) and a Total row.

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.)

Table with 4 columns: 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, (b) Other deductions.

Table with 4 rows for debt-financed property (1-4).

Table with 5 columns: 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Table with 4 rows for debt-financed property (1-4).

Totals Total dividends-received deductions included in column 8

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

Table with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income, 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).

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income, 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).

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)

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.)

OMB No. 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

WP-ORG, Inc.

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
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		
	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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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.

Depreciation and Amortization (Including Information on Listed Property)

2003

Department of the Treasury
Internal Revenue Service

Attachment
Sequence No. **67**

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

Name(s) shown on return WP-ORG, Inc.	Business or activity to which this form relates	Identifying number 51-0387132
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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 ▶ <input type="checkbox"/>		

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	
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	

For Paperwork Reduction Act Notice, see separate instructions.

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? 24b If "Yes," is the evidence written? Table with columns (a) through (i) and rows 25-29.

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.

Table with columns (a) through (f) and rows 30-36 for vehicle use information.

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).

Table with columns Yes/No and rows 37-41 for employer questions.

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

Table with columns (a) through (f) and rows 42-44 for amortization information.

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

* If you are filing for an AUTOMATIC 3-MONTH EXTENSION, COMPLETE ONLY PART I and check this box
* If you are filing for an ADDITIONAL (NOT AUTOMATIC) 3-MONTH EXTENSION, COMPLETE ONLY PART II (on page 2 of this form).
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
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P O Box 595	
File by the due date for filing your return. See instructions.	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):

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

* 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

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 Gold Title CPAs Date 2/14/2004

For Paperwork Reduction Act Notice, see Instruction (HTA) Form **8868** (12-2000)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

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

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 WP-ORG, Inc.	Employer identification number 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):

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

- 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
 ▶ 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	.....	
2	.....	
3	.....	
4	.....	
5	.....	
6	Total land (net of any amortization)		

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

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

Line 58 (990) - Other assets

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

Line 65 (990) - Other liabilities

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

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
							<u>134,582</u>			<u>134,582</u>				<u>60,491</u>	<u>26,916</u>	<u>87,407</u>
	Totals:						<u>134,582</u>			<u>134,582</u>				<u>60,491</u>	<u>26,916</u>	<u>87,407</u>

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.
<u>5 yr - Other listed property, computer equipment, qualified nonpersonal use vehicles</u>																
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
							<u>134,582</u>			<u>134,582</u>				<u>60,491</u>	<u>26,916</u>	<u>87,407</u>
	Totals:						<u>134,582</u>			<u>134,582</u>				<u>60,491</u>	<u>26,916</u>	<u>87,407</u>

Federal Depreciation Report For Next Year 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
							<u>134,582</u>			<u>134,582</u>				<u>87,407</u>	<u>14,992</u>	<u>102,399</u>
	Totals:						<u>134,582</u>			<u>134,582</u>				<u>87,407</u>	<u>14,992</u>	<u>102,399</u>

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			
						<u>134,582</u>				<u>134,582</u>			<u>67,150</u>	<u>26,916</u>	<u>94,066</u>			
	Totals:					<u>134,582</u>				<u>134,582</u>			<u>67,150</u>	<u>26,916</u>	<u>94,066</u>			

51-0387132 WP-ORG, INC

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

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	
							<u>134,582</u>			<u>134,582</u>				<u>16,681</u>	<u>15,503</u>	<u>32,184</u>		<u>11,413</u>	
Totals:							<u>134,582</u>			<u>134,582</u>				<u>16,681</u>	<u>15,503</u>	<u>32,184</u>		<u>11,413</u>	

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	
<u>5 yr - Other listed property, computer equipment, qualified nonpersonal use vehicles</u>																			
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	
							<u>134,582</u>			<u>134,582</u>				<u>16,681</u>	<u>15,503</u>	<u>32,184</u>		<u>11,413</u>	
Totals:							<u>134,582</u>			<u>134,582</u>				<u>16,681</u>	<u>15,503</u>	<u>32,184</u>		<u>11,413</u>	

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