

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

**2000**

Department of the Treasury  
Internal Revenue Service

For calendar year 2000 or other tax year beginning \_\_\_\_\_ ending \_\_\_\_\_  
See separate instructions.

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</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)  <b>C</b> Book value of all assets at end of year <b>50,551</b>	Name of organization ( <input type="checkbox"/> check box if name changed and see instructions ) <b>OKC PC USER'S GROUP INC.</b>  Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.) <b>3000 UNITED FOUNDERS BLVD</b>  City or town State ZIP code <b>OKLAHOMA CITY OK 73112</b>  <b>F</b> Group exemption number (see instructions for Block F on page 7)	<b>D</b> Employer identification number (Employees' trust, see instr. for Block D on p. 7.) <b>73-1298653</b>  <b>E</b> NEW unrelated business activity codes (see instructions for Block E on page 7.) <b>541800</b>
<b>G</b> 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. **1**

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

**J** The books are in care of: **JOY MELTON, TREASURER** Telephone number **405-789-0280**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b> 0		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b> 0		
<b>3</b> Gross profit (subtract line 2 from line 1c)	<b>3</b> 0		0
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)	<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts	<b>4c</b> 0		0
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b> 0		0
<b>6</b> Rent income (Schedule C)	<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)	<b>11</b> 44,446	37,516	6,930
<b>12</b> Other income (see page 8 of the instructions - attach schedule)			0
<b>13 TOTAL</b> (combine lines 3 through 12)	<b>13</b> 44,446	37,516	6,930

**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.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b> 0
<b>15</b> Salaries and wages		<b>15</b>
<b>16</b> Repairs and maintenance		<b>16</b>
<b>17</b> Bad debts		<b>17</b>
<b>18</b> Interest (attach schedule)		<b>18</b>
<b>19</b> Taxes and licenses		<b>19</b>
<b>20</b> Charitable contributions (see page 11 of the instructions for limitation rules)		<b>20</b>
<b>21</b> Depreciation (attach Form 4562)	<b>21</b> 0	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b> 0
<b>23</b> Depletion		<b>23</b>
<b>24</b> Contributions to deferred compensation plans		<b>24</b>
<b>25</b> Employee benefit programs		<b>25</b>
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b> 0
<b>27</b> Excess readership costs (Schedule J)		<b>27</b> 6,930
<b>28</b> Other deductions (attach schedule)		<b>28</b> 0
<b>29 Total deductions</b> (add lines 14 through 28)		<b>29</b> 6,930
<b>30</b> Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)		<b>30</b> 0
<b>31</b> Net operating loss deduction		<b>31</b>
<b>32</b> Unrelated business taxable income before specific deduction (subtract line 31 from line 30)		<b>32</b> 0
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		<b>33</b>
<b>34 Unrelated business taxable income</b> (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b> 0

Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 40e from line 39, Recapture taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48 you want.

Part V Statements Regarding Certain Activities and Other Information

(See instructions on page 14.)

Table with 3 columns: Question, Yes, and No. Rows include questions about foreign interest, foreign trust distributions, and tax-exempt interest.

Schedule A—Cost of Goods Sold

(See instructions on page 15.)

Table with 3 columns: Description, Amount, and Total. Rows include Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, and TOTAL.

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

Signature and contact information section including fields for Signature of officer or fiduciary, Date, Title, Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name, EIN, address, and ZIP code, and 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		2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(1)	(2)	(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)		
(1)					
(2)					
(3)					
(4)					
Total		0	Total	0	
<b>Total Income</b> (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)				0	<b>Total deductions.</b> Enter here and on line 6, column (B), Part I, page 1. 0

**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	
(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 (col. 2 x col. 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		0%	0	0
(2)		0%	0	0
(3)		0%	0	0
(4)		0%	0	0
<b>Totals</b>			0	0
<b>Total dividends - received deductions</b>		included in column 8		

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations**

(See instructions on page 17.)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt controlled organizations				
		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)						
<b>12 Totals</b>					0	0
					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 17.)

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)				0
(2)				0
(3)				0
(4)				0
<b>Totals</b>	Enter here and on line 9, col. (A), Part I, p. 1. 0			Enter here and on line 9, column (B), Part I, page 1. 0

**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 (col. 2 minus col. 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)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
<b>Column totals</b>	Enter here and on line 10, col. (A), Part I, p. 1. 0	Enter here and on line 10, col. (B), Part I, p. 1. 0				Enter here and on line 26, Part II, page 1. 0

**Schedule J—Advertising Income**

(See instructions on page 18.)

**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) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1) "THE MONITOR"	44,446	37,516			6,930	
(2)						
(3)						
(4)						
<b>Column totals</b> (carry to Part II, line (5))	44,446	37,516	6,930	0	6,930	6,930

**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) <b>Totals from Part I</b>	44,446	37,516				6,930
<b>Column totals, Part II</b>	Enter here and on line 11, col. (A), Part I, p. 1. 44,446	Enter here and on line 11, col. (B), Part I, p. 1. 37,516				Enter here and on line 27, Part II, page 1. 6,930

**Schedule K—Compensation of Officers, Directors, and Trustees**

(See instructions on page 18.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
<b>Total -</b>	Enter here and on line 14, Part II, page 1		0

Print this page

Itemization for:

**SCH J, FORM 990T, READERSHIP COSTS**

	Total:
1 ALLOCATED ORGANIZATION OVERHEAD	6,930
2 ALLOCATED SEC. 179 (NET INCOME LIMITATION-CARRYOVER TO 2000, \$5137)	25,624
3 LESS: SCH J ADJUSTMENT	(18,694)
4	
5	

To add more lines to this schedule, press CTRL+Q.