

State of Oklahoma

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Oklahoma Tax Commission, P.O. Box 26800, Oklahoma City, Oklahoma 73126-0800

Section 501 (c) of the Internal Revenue Code

TAX YEAR 2001

FORM 512E

For the year or other taxable year beginning ending

Date Qualified for tax exempt status	Name of organization OKC PC USER'S GROUP, INC.	Federal identification number 73-1298653
	Address number and street 3000 UNITED FOUNDERS BLVD.	OFFICE USE ONLY
	City, State and Zip OKLAHOMA CITY, OK 73112	

Enter the name and address used on your return for prior year (if same write same). If none filed, give reason.

(PLEASE READ INSTRUCTIONS ON PAGE 2)

STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME

	TOTAL FEDERAL	ALLOCABLE OKLAHOMA
Total Unrelated Trade or Business Income - Federal Form(s) 990	2,203	2,203
Total Unrelated Trade or Business Deductions - Federal Form(s) 990	2,203	2,203
Unrelated Business Taxable Income (Enter on Line 1 below)	0	0

INCOME SUBJECT TO TAX

1	Unrelated business taxable income - from statement above (allocable Oklahoma)	1	0
2	Other net income - enclose schedule	2	
3	Oklahoma taxable income (total of lines 1 and 2)	3	0

TAX

4	Tax at 6% of Line 3 (If Trust - See Rate Schedule on page 2)	4	0
5	Tax Paid on Estimate	5	
6	Overpayment (if line 5 is larger than line 4) enter amount overpaid	6	
7	Amount of Line 6 to be credited to the following year estimated tax	7	
Deductions from refund: If you wish to donate from your tax refund, check and enter amount			
8	Oklahoma Wildlife Diversity Program <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$ _____	8	
9	Veterans Affairs Capital Improvement Program <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$ _____	9	
10	Oklahoma Breast Cancer Program <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$ _____	10	
11	Oklahoma City Bombing Memorial Fund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 or <input type="checkbox"/> \$ _____	11	
12	Add lines 7, 8, 9, 10 and 11 and enter amount	12	
13	Amount to be refunded to you (Line 6 minus line 12) REFUND	13	
14	Tax Due (if line 4 is larger than line 5) enter tax due TAX DUE	14	
15	For Delinquent Payment, add Penalty of 5% _____ plus Interest at 1 1/4% per month	15	
16	Underpayment of Estimated Tax Interest	16	
17	Total Penalty and Interest (Add Lines 15 and 16)	17	
18	Total Tax, Penalty and Interest Due - Pay in Full with Return BALANCE	18	

The Oklahoma Tax Commission is not required to give actual notice to taxpayer of changes in any state tax law.

Under penalties of perjury, I declare that I have examined this return, including accompanying returns, schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Date 7-2-02 Signature of officer or trustee [Signature] Title _____
 Date _____ Signature of individual or firm preparing this return [Signature] Address 3617 N. MERIDIAN, OKLAHOMA CITY, OK