

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

2001

Department of the Treasury
Internal Revenue Service

For calendar year 2001 or other tax year beginning _____ ending _____
See separate instructions.

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)	Name of organization (<input type="checkbox"/> check box if name changed and see instructions) OKC PC USER'S GROUP, INC. Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.) 3000 UNITED FOUNDERS BLVD. City or town State ZIP code OKLAHOMA CITY OK 73112 F Group exemption number (see instructions for Block F on page 7)	D Employer identification number (Employees' trust, see instr. for Block D on p. 7.) 73-1298653 E NEW unrelated business activity codes (See instructions for Block E on page 7.)
C Book value of all assets at end of year 62,547	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 JOY MELTON, TREASURER Telephone number (405) 789-0280

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance	1c 0		
2 Cost of goods sold (Schedule A, line 7)	2 0		
3 Gross profit (subtract line 2 from line 1c)	3 0		0
4a Capital gain net income (attach Schedule D)	4a 0		0
b Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)	4b 0		0
c Capital loss deduction for trusts	4c 0		0
5 Income (loss) from partnerships and S corporations (attach statement)	5		0
6 Rent income (Schedule C)	6 0	0	0
7 Unrelated debt-financed income (Schedule E)	7 0	0	0
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9 0	0	0
10 Exploited exempt activity income (Schedule I)	10 0	0	0
11 Advertising income (Schedule J)	11 14,604	12,401	2,203
12 Other income (see page 9 of the instructions - attach schedule)	12		0
13 TOTAL (combine lines 3 through 12)	13 14,604	12,401	2,203

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	0
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 0	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	0
27 Excess readership costs (Schedule J)	27	2,203
28 Other deductions (attach schedule)	28	0
29 Total deductions (add lines 14 through 28)	29	2,203
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30	0
31 Net operating loss deduction	31	
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	32	0
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	0

Part III Tax Computation

Table with 3 columns: Description, Amount, and Total. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Total. Rows include Foreign tax credit (40a-40d), Total credits (40e), Other taxes (42), Total tax (43), Payments (44a-44f), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information

(See instructions on page 15.)

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

Schedule A - Cost of Goods Sold

(See instructions on page 16.)

Table with 3 columns: Description, Amount, and Total. Rows include Method of inventory valuation (1-3), Inventory at end of year (6), Cost of goods sold (7), and Section 263A costs (4a-4b).

Sign Here section containing signature of officer, date, title, firm's name (HAMILTON & ASSOCIATES, INC.), EIN (73-1137456), and phone number ((405) 946-8500).

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 schedule)
(1)		
(2)		
(3)		
(4)		
Total	0 Total	0 Total deductions.
Total Income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.)		0 Enter here and on line 6, column (B), Part I, page 1.

Schedule E - Unrelated Debt-Financed Income

(See instructions on page 17.)

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	
(2)		%	0	0	
(3)		%	0	0	
(4)		%	0	0	
Totals			0	0	
Total dividends - received deductions included in column 8					

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations

(See instructions on page 18.)

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)					
12 Totals			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 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)				0
(2)				0
(3)				0
(4)				0
Totals	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
Column totals	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 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) (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"	14,604	12,401			2,203	
(2)						
(3)						
(4)						
Column totals (carry to Part II, line (5))	14,604	12,401	2,203	0	2,203	2,203

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	14,604	12,401				2,203
Column totals, Part II	Enter here and on line 11, col. (A), Part I, p. 1. 14,604	Enter here and on line 11, col. (B), Part I, p. 1. 12,401				Enter here and on line 27, Part II, page 1. 2,203

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		0

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 OKC USER'S GROUP INC.	Employer identification number 73-1298653
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. 3000 UNITED FOUNDERS BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OKLAHOMA CITY, OKLAHOMA 73112	

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

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" 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 11/15/2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 2001
 tax year beginning _____ and ending _____

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

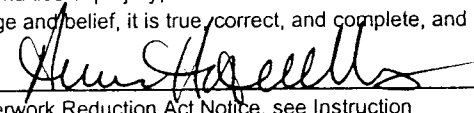
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions _____

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 _____ 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  Title CPA Date 4-15-02
 For Paperwork Reduction Act Notice, see Instruction (HTA) Form 8868 (12-2000)

SCH J, FORM 990T, READERSHIP COSTS

		Total:	
1	ALLOCATED ORGANIZATION OVERHEAD		2,203
2	LESS: SCH J ADJUSTMENT	1	8,146
3		2	-5,943
4		3	
5		4	
		5	

LINE 2 FOR FORM 990EZ, PROGRAM SERVICE REVENUE

		Total:	
1	MONITOR ADVERTISING REVENUES (NEWSPAPER)		34,488
2	MEMBER SALES AND PROGRAM SERVICES, CHARGABLE	1	14,604
3	MEMBER SALES AND PROGRAM SERVICES, SR. NET	2	7,761
4	PROJECTS AND ACTIVITIES	3	8,435
5	CONCESSIONS	4	3,114
		5	574

BUSINESS INCOME LIMITATION

		Total:	
1	GROSS ADVERTISING REVENUES		-8,146
2	LESS: DIRECT ADVERTISING COSTS	1	14,604
3	LESS: ALLOCATED OVERHEAD (14,604 / 81,542 X 57,786)	2	-12,401
4		3	-10,349
5		4	
		5	

Line 20 for 990EZ

		Total:	
1	AUDIT ADJUSTMENTS		10,991
2	CERTIFICATE OF DEPOSIT	1	
3	FURNITURE AND COMPUTER EQUIPMENT, NET VALUE	2	10,769
4		3	222
5		4	
		5	