

**TAXPAYER COPY**  
**Short Form**

OMB No. 1545-1150

Form **990-EZ**

**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)

**2002**

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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.

<b>A</b> For the 2002 calendar year, or tax year beginning _____, and ending _____		<b>D</b> Employer identification number <b>73-1298652</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization <b>OKC PC USER'S GROUP, INC.</b>	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>3000 UNITED FOUNDATION BLVD</b>	
		City or town, state or country, and ZIP + 4 <b>OKLAHOMA CITY OK 73112</b>	
		<b>E</b> Telephone number <b>405-843-4300</b>	
		<b>F</b> Enter 4-digit (GEN) ▶	

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

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Web site: ▶  
**J** Organization type (check only one)-  501(c) ( 3 ) (Insert no.)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **81,235**

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions.)	
<b>R</b> <b>e</b> <b>v</b> <b>e</b> <b>n</b> <b>u</b> <b>e</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>49</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>14,098</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>66,341</b>
	<b>4</b> Investment income	<b>4</b>	<b>747</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (in 5a less in. 5b) (att. sch.)	<b>5c</b>	
	<b>6</b> Special events and activities (attach schedule):		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (line 6a less line 6b)	<b>6c</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (line 7a less line 7b)	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>		
<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	<b>81,235</b>	
<b>E</b> <b>x</b> <b>p</b> <b>e</b> <b>n</b> <b>s</b> <b>e</b> <b>s</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>2,720</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>37,668</b>
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>1,499</b>
	<b>16</b> Other expenses (describe ▶ <b>See Stmt 2</b> )	<b>16</b>	<b>26,547</b>
<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	<b>68,434</b>	
<b>A</b> <b>s</b> <b>s</b> <b>e</b> <b>t</b> <b>s</b>	<b>18</b> Excess or (deficit) for the year (line 9 less line 17)	<b>18</b>	<b>12,801</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>62,547</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18 through 20)	<b>21</b>	<b>75,348</b>

Part II		Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.	
(See page 39 of the instructions.)		(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments		<b>40,334</b>	<b>54,720</b>
<b>23</b> Land and buildings			
<b>24</b> Other assets (describe ▶ <b>See Stmt 3</b> )		<b>22,213</b>	<b>20,628</b>
<b>25 Total assets</b>		<b>62,547</b>	<b>75,348</b>
<b>26 Total liabilities</b> (describe ▶ _____)		<b>0</b>	<b>0</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		<b>62,547</b>	<b>75,348</b>

For Paperwork Reduction Act Notice, see the separate instructions.  
DAA

Form **990-EZ** (2002)

**Part III** Statement of Program Service Accomplishments (See page 39 of the instructions.)

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

**PUBLIC EDUCATION/COMPUTER PRODUCTS**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the no. of persons benefited, or other relevant information for each program title.

28 See Statement 4

(Grants \$ ) 28a

29 See Statement 5

(Grants \$ ) 29a

30

(Grants \$ ) 30a

31 Other program services (attach schedule) See Stmt 6 (Grants \$ ) 31a

68,434

32 Total program service expenses (add lines 28a through 31a) 32

68,434

**Part IV** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions.)

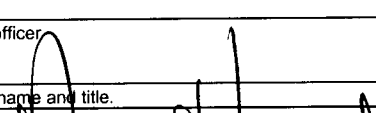
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 7				

**Part V** Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the yr.? (If "Yes," att. a stmt.)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.		0
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instr. & enter the amount involved.		
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b 501(c)(3) and (4) organizations. 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," att. an explanation.		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		0
41 List the states with which a copy of this return is filed. None		
42 The books are in care of JOY MELTON, TREASURER Telephone no. 405-789-0280 Located at 3100 E OVERHOLSER DRIVE, OKLA CITY, OK ZIP + 4 73127		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		

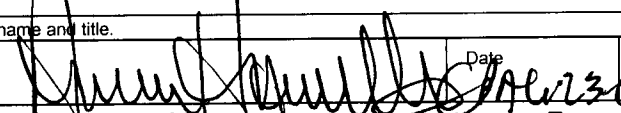
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer:  Date: \_\_\_\_\_

Type or print name and title: **JOY MELTON, TREASURER**

**Paid Preparer's Use Only**

Preparer's signature:  Date: **6/13/03** Check if self-employed:

Firm's name (or yours if self-employed): **HAMILTON & ASSOCIATES, INC.** Preparer's SSN or PTIN (See Gen. Inst. W): **P00111786**

address, and ZIP + 4: **3617 N. Meridian Ave. Oklahoma City, OK 73112** EIN: **73-1137456**

Phone no.: **405-946-8500**

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information-(See separate instructions.)**

OMB No. 1545-0047

**2002**

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

Name of the organization

Employer identification number

**OKC PC USER'S GROUP, INC.**

**73-1298652**

**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 ben. plans & deferred compensation	(e) Expense account and other allowances
None				
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 instr. 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
None		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

**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 <b>▶</b> \$ _____ (Must equal amount on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

**Note:** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 5 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 **▶** \_\_\_\_\_
- 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.)
- 11a  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.)
- 11b  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 5 of the instructions.)

Part IVA 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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2001, (b) 2000, (c) 1999, (d) 1998, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross inc. from int., dividends, amounts received from pymt. on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf; 21 The value of serv. or fac. furnished to the org. by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; 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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts; c Total support for section 509(a)(1) test: Enter line 24, column (e); d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

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:

Table for 27a: (2001), (2000), (1999), (1998). 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: (2001), (2000), (1999), (1998). c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount on line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.

**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)**

		N/A	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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns (a) and (b) for totals and completion status.

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.)

Table for 4-Year Averaging Period with columns for years 2002, 2001, 2000, 1999, and Total, and rows for lines 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instr.)

N/A

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:

Table with columns for Yes, No, and Amount, and rows for items a through i describing lobbying activities.

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



Form **8868**

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

(December 2000)  
Department of the Treasury  
Internal Revenue Service

▶ 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.

**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.

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>OKC PC USER'S GROUP, INC.</b>	Employer identification number <b>73-1298653</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3000 UNITED FOUNDATION BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OKLAHOMA CITY OK 73112</b>	

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 8/15/03 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2002 or

▶  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 *[Handwritten Signature]* *[Handwritten Initials]*

For Paperwork Reduction Act Notice, see Instruction

Date 5-13-03  
Form **8868** (12-2000)

# Depreciation and Amortization

OMB No. 1545-0172

Form **4562**

(Including Information on Listed Property)

**2002**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment  
Sequence No. **67**

Name(s) shown on return **OKC PC USER'S GROUP, INC.**

Identifying number  
**73-1298652**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Tangible 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	24,000
2 Total cost of section 179 property placed in service (see page 2 of the instructions)	2	7,863
3 Threshold cost of section 179 property before reduction in limitation	3	200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see pg. 2 of the instr.	5	24,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6 See Statement 8	3,650	3,650	
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			3,650
9 Tentative deduction. Enter the smaller of line 5 or line 8			3,650
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562			
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)			0
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11			0
13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12	▶ 13	3,650	

**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 prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instr.)	14	1,264
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 2002	17	4,102
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 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,950	5.0	HY	200DB	590
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a 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	
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 instr.	22	5,956
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.

Form **4562** (2002)

73-1298652

**Federal Statements**

FYE: 12/31/2002

**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
MEMBER DUES	\$ 66,341
Total	\$ 66,341

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
	\$
Expenses	
Travel	574
Conferences, meetings	2,998
Concessions Expense	556
Insurance	649
Resource Center/Library	5,418
Senior Net	599
Monitor	4,857
Other Overhead	511
Office expense/supplies	779
Depreciation expense	9,606
Total	\$ 26,547

**Statement 3 - Form 990-EZ, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
DEPOSIT ON LEASE	\$ 2,773	\$ 2,773
FURNITURE & COMPUTER EQUIP, NET	6,163	4,463
LEASEHOLD IMPROVEMENT, NET	1,604	1,562
CERTIFICATE OF DEPOSIT	11,673	11,830
Total	\$ 22,213	\$ 20,628

**Federal Statements****Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

MONTHLY MEETINGS HELD FOR THE GENERAL PUBLIC AND MEMBERS WITH NATIONAL SPEAKERS AND PROGRAMS. MONTHLY ATTENDANCE 50-150.

**Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

MAINTAIN A RESOURCE CENTER FOR MEMBERSHIP AND PUBLIC USE. THE GROUP REFURBISHES COMPTER HARDWARE FOR OTHER 501(C) ORGANIZATONS.

**Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

SEE OTHER STATEMENTS ABOVE

**Statement 7 - Form 990-EZ, Part V - List of Officers, Directors, Trustees, and Key Employees**

Name	Title	Average Hours	Comp	Benefits	E
Address		City, State, Zip			
FRAN CRANE	PRESIDENT	VARIES	0	0	
3000 UNITED FOUNDERS BLVD		OKLAHOMA CITY, OK 73112			
DAVID ROBBINS	VP OPERATION	VARIES	0	0	
3000 UNITED FOUNDERS BLVD		OKLAHOMA CITY, OK 73112			
TROY SEGLER	VP PROGRAMS	VARIES	0	0	
3000 UNITED FOUNDERS BLVD		OKLAHOMA CITY, OK 73112			
JOY MELTON	TREASURER	VARIES	0	0	
3000 UNITED FOUNDERS BLVD		OKLAHOMA CITY, OK 73112			
ISAAC FRANKLIN	VP SIG GROUP	VARIES	0	0	
3000 UNITED FOUNDERS BLVD		OKLAHOMA CITY, OK 73112			
NOVA WINDERS	SECRETARY	VARIES	0	0	
3000 UNITED FOUNDERS BLVD		OKLAHOMA CITY, OK 73112			

**Federal Statements****Indirect Depreciation****Statement 8 - Form 4562, Line 6 - Section 179 Information**

<u>Description of Property</u>	<u>Cost</u>	<u>Expense</u>
COMPUTER	\$ 826	\$ 826
COMPUTER MEMORY	516	516
MONITORS	1,495	1,495
COMPUTER & PRINTER	813	813
Total	<u>\$ 3,650</u>	<u>\$ 3,650</u>

73-1298652

**Federal Asset Report**

FYE: 12/31/2002

**Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
<b>Section 179 Expense:</b>										
22	COMPUTER	3/24/02	826		X	X	N/A	5 HY 200DB	0	826
23	COMPUTER MEMORY	5/02/02	516		X	X	N/A	5 HY 200DB	0	516
24	MONITORS	6/29/02	1,495		X	X	N/A	5 HY 200DB	0	1,495
25	COMPUTER & PRINTER	8/16/02	813		X	X	N/A	5 HY 200DB	0	813
			<u>3,650</u>				<u>N/A</u>		<u>0</u>	<u>3,650</u>
<b>5-year GDS Property:</b>										
21	PROJECTOR	2/11/02	4,214			X	2,950	5 HY 200DB	0	1,854
22	COMPUTER	3/24/02	N/A*		X	X	0	5 HY 200DB	0	0
23	COMPUTER MEMORY	5/02/02	N/A*		X	X	0	5 HY 200DB	0	0
24	MONITORS	6/29/02	N/A*		X	X	0	5 HY 200DB	0	0
25	COMPUTER & PRINTER	8/16/02	N/A*		X	X	0	5 HY 200DB	0	0
			<u>4,214</u>				<u>2,950</u>		<u>0</u>	<u>1,854</u>
<b>Prior MACRS:</b>										
1	EQUIPMENT	1/01/94	3,814		X		0	7 HY 200DB	3,814	0
2	EQUIPMENT-DONATED	1/01/95	2,085				2,085	5 HY 200DB	2,085	0
3	EQUIPMENT	1/01/95	1,989		X		0	5 HY 200DB	1,989	0
4	EQUIPMENT-DONATED	1/01/96	275				275	5 HY 200DB	275	0
5	EQUIPMENT	1/01/96	15,913		X		11,772	5 HY 200DB	15,913	0
6	EQUIPMENT	1/01/96	17,574				17,574	7 HY 200DB	12,999	3,050
7	EQUIPMENT-DONATED	1/01/97	175				175	5 HY 200DB	165	10
8	EQUIPMENT	1/01/97	2,018		X		1,029	5 HY 200DB	1,959	59
9	EQUIPMENT-DONATED	1/01/98	7,695				7,695	5 HY 200DB	6,365	887
10	EQUIPMENT	1/01/98	14,223		X		0	5 HY 200DB	14,223	0
11	EQUIPMENT	1/01/99	10,489		X		0	5 HY 200DB	10,489	0
12	EQUIPMENT	7/01/00	1,831		X		0	5 HY 200DB	1,831	0
13	COPIER	3/10/00	537		X		0	5 HY 200DB	537	0
14	COMPUTERS (12)	4/24/01	9,622		X		0	5 MQ200DB	9,622	0
15	REMOTE COMPUTER	9/18/01	554		X	X	0	5 MQ200DB	554	0
16	OFFICE COMPUTER	2/22/01	745		X		0	5 MQ200DB	745	0
17	MONITOR	10/10/01	539		X	X	0	5 MQ200DB	539	0
18	OFFICE CHAIRS (2)	11/07/01	280			X	196	7 MQ200DB	91	54
19	LEASEHOLD IMPROVEMENTS	5/17/01	1,630				1,630	39 MM S/L	26	42
20	COMPUTER	9/04/01	669		X		0	5 MQ200DB	669	0
			<u>92,657</u>				<u>42,431</u>		<u>84,890</u>	<u>4,102</u>
<b>Grand Totals</b>			100,521				45,381		84,890	9,606
<b>Less: Dispositions</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>100,521</u>				<u>45,381</u>		<u>84,890</u>	<u>9,606</u>

\*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total