

Short Form

OMB No. 1545-1150

Form **990-EZ**

Return of Organization Exempt From Income Tax

1999

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

**This Form is
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.

A For the 1999 calendar year, OR tax year beginning _____, 1999, and ending _____

B Check if: Change of address
 Initial return
 Final return
 Amended return (required also for state reporting)

C Name of organization: **OKC PC USER'S GROUP, INC.**

Number and street (or P.O. box, if mail is not delivered to address): **3000 UNITED FOUNDERS BLVD.** Room/suite: **201**

City, town, or country: **OKLAHOMA CITY** State: **OK** ZIP code: **73112**

D Employer identification number: **73-1298653**

E Telephone number: **405-8434300**

F Check if exemption application is pending

G Accounting method: Cash Accrual Other (specify) _____

H Enter four-digit group exemption number (GEN) _____

I Type of organization: Exempt under Section 501(c) (**3**) (insert no.) section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J 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, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$ **93,493**
If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See instructions on page 32.)

	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors)	1	2,785
	2	Program service revenue including government fees and contracts	2	64,021
	3	Membership dues and assessments	3	25,189
	4	Investment income	4	1,498
R e v e n u e	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
6	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
7	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
	8	Other revenue (describe _____)	8	0
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	93,493
E x p e n s e	10	Grants and similar amounts paid (attach schedule) * MISC 501c(3)	10	2,480
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,329
	14	Occupancy, rent, utilities, and maintenance	14	34,200
	15	Printing, publications, postage, and shipping	15	35,916
	16	Other expenses (describe <u>SEE ATTACHED LIST</u>)	16	26,958
	17	Total expenses (add lines 10 through 16)	17	101,883
Net	18	Excess or (deficit) for the year (line 9 less line 17)	18	-8,390
As- sets	19	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)	19	71,358
	20	Other changes in net assets or fund balances (attach explanation) Sec. 179 Carryover	20	-5,137
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	57,831

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 Specific Instructions on page 36.)	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		41,769	22 align="right">40,168
23	Land and buildings			23
24	Other assets (describe <u>SEE ATTACHED LIST</u>)		29,589	24 align="right">22,489
25	Total assets		71,358	25 align="right">62,657
26	Total liabilities (describe <u>PREPAID PRINTING REVENUES, YI</u>)		0	26 align="right">4,826
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		71,358	27 align="right">57,831

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

(HTA)

Form 990-EZ (1999)

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 36.)

Expenses

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 number of persons benefited, or other relevant information for each program title.

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

Table with 2 columns: Program Description and Expenses. Rows include: ORGANIZATION NEWSPAPER, CIRCULATION 20,000 PER MO. FREE TO THE PUBLIC (64,753); MAINTAIN A RESOURCE CENTER FOR MEMBERSHIP AND PUBLIC USE... (37,034); MONTHLY MEETING HELD FOR THE GENERAL PUBLIC... (5,233); Other program services; Total program service expenses (107,020).

Part IV List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated.)

Table with 5 columns: (A) Name and address, (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. Rows include: CHARLENE FRANCIS (President), JOHN BREWER (VP Programs), J. P. WILLIAMS (VP Operations), JOY MELTON (Treasurer).

Part V Other Information

(See Specific Instructions on page 37.)

Yes or No

Form with questions 33-43 regarding organizational activities, changes, income reporting, liquidation, borrowing, and tax information. Includes fields for amounts and yes/no responses.

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. (IMPORTANT: See General Instruction U, page 14.)

Signature and Preparer information section. Includes fields for Signature of officer, Date, Type or print name and title, Title, Preparer's signature, Date (8/30/2000), Check if self-employed, Firm's name (JAMES F. IMEL PROFESSIONAL CORPORATION), EIN (73-1160078), Phone (405-2361122), and address (OKLAHOMA CITY, OK).

**SCHEDULE A
(Form 990)**

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

OMB No. 1545-0047

1999

Supplementary Information - (See separate instructions.)

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
OKC PC USER'S GROUP, INC.

Employer identification number
73-1298653

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
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 1 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
NONE		

Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities

	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. 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
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? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b 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. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status

(See pages 2 through 4 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, page 4.)
- 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 below.)
- 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 4 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 4 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) 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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	33,900	50	100		34,050
16 Membership fees received	28,824	28,959	31,399	31,103	120,285
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					0
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	1,432	738	633	670	3,473
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	70,641	54,471	46,608	46,036	217,756
23 Total of lines 15 through 22	134,797	84,218	78,740	77,809	375,564
24 Line 23 minus line 17	134,797	84,218	78,740	77,809	375,564
25 Enter 1% of line 23	1,348	842	787	778	
26 Organizations described in lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 0
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 0
d Add: Amounts from column (e) for lines:	18	0	19	0	
22	0	26b	0		26d 0
e Public support (line 26c minus line 26d total)					26e 0
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0.00%
27 Organizations described on line 12:					
a For amounts included on lines 15, 16, and 17, that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:	(1998) 0	(1997) 0	(1996) 0	(1995) 0	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year:	(1998) 0	(1997) 0	(1996) 0	(1995) 0	
c Add: Amounts from column (e) for lines:	15	34,050	16	120,285	
17	0	20	0	21	0
d Add: Line 27a total	0	and line 27b total	0		27c 154,335
e Public support (line 27c minus line 27d total)					27d 0
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27e 154,335
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f 375,564
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g 41.09%
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.)					27h 0.92%

Part V Private School Questionnaire

(See page 4 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:		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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:		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	h Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
34b	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 6 of the instructions.)

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

- Check here **a** If the organization belongs to an affiliated group.
 Check here **b** If you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL organizations												
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)	0	0												
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0												
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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		
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														
41		0	0												
42	Grassroots nontaxable amount (enter 25% of line 41)	0	0												
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0												
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	0												

Caution: If there is an amount on either line 43 or line 44, 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 7 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting by organizations that did not complete Part VI-A) (See page 8 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)			0

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

Line 16 (Form 990-EZ) - Other Expenses

1	LEARNING CENTER AND INSURANCE	1	1,014
2	DEPRECIATION, FORM 4562	2	12,451
3	TELEPHONE	3	1,146
4	OFFICE SUPPLIES	4	893
5	COMPUTER REPAIRS	5	477
6	GENERAL MEETINGS/PROMOTIONS	6	5,233
7	RESOURCE CENTER/LIBRARY	7	2,986
8	SR. NET, MISC	8	339
9	OTHER OVERHEAD	9	2,419
10	Total other deductions	10	26,958

Line 24 (Form 990-EZ) - Other Assets

		Beginning	End
1	LEASE DEPOSIT	2,773	2,773
2	FURNITURE AND COMPUTER HARDWARE, NET BOOK VALUE	26,816	19,716
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	29,589	22,489

Line 2 for 990EZ, PROGRAM SERVICE REV.

Total: 64,021

1	MONITOR ADVERTISING REVENUES (NEWSPAPER)	1	45,790
2	MEMBER SALES AND PROGRAM SERVICES, CHARGEABLE	2	5,842
3	MEMBER SALES AND PROGRAM SERVICES, SR. NET	3	7,743
4	RESOURCE CENTER FEES	4	2,998
5	CONCESSIONS	5	1,648
6		6	
7		7	

BUSINESS INCOME LIMITATION

Total: -13,826

1	GROSS ADVERTISING REVENUES	1	45,790
2	LESS: DIRECT ADVERTISING COSTS	2	-35,322
3	LESS: ALLOCATED OVERHEAD, EXCLUDING SEC. 179 (45790/93493 X 49602)	3	-24,294
4	LESS: ALLOCATED SEC. 179 [NET INCOME LIMITATION]	4	0
5		5	

LINE 20, FORM 990EZ, OTHER CHANGES

Total: -5,137

1	SEC. 179 CARRYOVER TO 2000 [NET INCOME LIMITATION ON UBTI]	1	-5,137
2		2	
3		3	
4		4	
5		5	

OKPCUG, INC. - DEPRECIATION SCHEDULE
FORM 990 - 1999

REVISED: 08/22/00

ACQ	ASSET			SEC 179			50% ITC			ACCUM DEPRECIATION			UNEXPIRED			
DATE	BEG YR	ADDS	SUBS	END YR	PRIOR	CURRENT	ADJ.	BASIS	ADJ	BEG YR	METHOD	RATE	DEPREC	CANCEL	END YR	UNEXPIRED
1994:																
DONATED	1994	0		0				0		0			0		0	xx
PURCHASED	1994	5000	1186	3814	5000		-1186	0		0			0		0	xx
1995:																
DONATED	1995	2085		2085				2085		1724	MCRS 5	.1152	240		1964	UNEXPIRED
PURCHASED	1995	1989		1989	1989			0		0			0		0	xx
1996:																
DONATED	1996	275		275				275		139	AMT 6	.1406	39		178	UNEXPIRED
PURCHASED	1996	15913		15913	4141			11772		5334	AMT 6	.1406	1655		6989	UNEXPIRED
AUDIT ADJUSTMENT	1996	17574		17574				17574		4427	AMT 6	.1406	2471		6898	UNEXPIRED
1997:																
DONATED	1997	175		175				175		91	MCRS 5	.1920	34		125	UNEXPIRED
PURCHASED	1997	2018		2018	989			1029		535	MCRS 5	.1920	198		733	UNEXPIRED
1998:																
DONATED	1998	7695		7695				7695		1539	MCRS 5	.3200	2462		4001	UNEXPIRED
PURCHASED	1998	14223		14223	14223			0		0			0		0	xx
1999:																
DONATED	1999	0		0				0		0			0		0	xx
PURCHASED	1999	10489		10489	10489			0		0			0		0	xx

GRAND TOTAL
 66947 10489 1186 76250 26342 10489 -1186 40605 13789 7099 0 20888
 ADD: SECTION 179 CANCELLED 0

PROGRAM SERVICES
 5352
 5137
 10489 //