

Return of Organization Exempt from Income Tax

2001

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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 2001 calendar year, or tax year beginning, 2001, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM. D Employer Identification Number: 15N73-1579654. E Telephone number: (405) 232-5121. F Accounting method: Accrual.

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

H and I are not applicable to Section 527 organizations. H (a) Is this a group return for affiliates? No. H (b) If yes, enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: www.mipt.org

J Organization type: 501(c) 3 (insert no.)

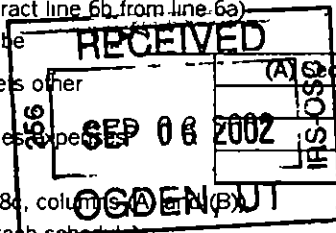
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 49,185

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and 3 columns: Description, Amount, and Total. Row 1: Contributions, gifts, grants, and similar amounts received: 49,185. Row 12: Total revenue: 49,185. Row 13: Program services: 3,661,473. Row 14: Management and general: 759,066. Row 15: Fundraising: 0. Row 16: Payments to affiliates: 0. Row 17: Total expenses: 4,420,539. Row 18: Excess or (deficit) for the year: -4,371,354. Row 19: Net assets or fund balances at beginning of year: 14,017,848. Row 20: Other changes in net assets or fund balances: -748,952. Row 21: Net assets or fund balances at end of year: 8,897,542.

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 2,613,531 non cash \$ )	22 2,613,531	2,613,531		
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc	25 152,687	137,418	15,269	0
26 Other salaries and wages	26 594,198	408,216	185,982	0
27 Pension plan contributions	27 0	0	0	0
28 Other employee benefits	28 128,060	0	128,060	0
29 Payroll taxes	29 0	0	0	0
30 Professional fundraising fees	30 0	0	0	0
31 Accounting fees	31 0	0	0	0
32 Legal fees	32 176,584	0	176,584	0
33 Supplies	33 119,541	0	119,541	0
34 Telephone	34 17,569	0	17,569	0
35 Postage and shipping	35 9,525	0	9,525	0
36 Occupancy	36 54,220	0	54,220	0
37 Equipment rental and maintenance	37 0	0	0	0
38 Printing and publications	38 0	0	0	0
39 Travel	39 116,555	116,555	0	0
40 Conferences, conventions, and meetings	40 6,226	6,226	0	0
41 Interest	41 0	0	0	0
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a SPEAKERS	43a 63,880	63,880	0	0
b EMPLOYEE TRAINING	43b 24,076	0	24,076	0
c CONSULTANTS/CONTRACTORS	43c 301,901	301,901	0	0
d INSURANCE	43d 9,194	0	9,194	0
e See Other Expenses Stmt	43e 32,792	13,746	19,046	0
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 4,420,539	3,661,473	759,066	0

Joint Costs Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to program services \$ \_\_\_\_\_, (iii) the amount allocated to management and general \$ \_\_\_\_\_, and (iv) the amount allocated to fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <u>DOMESTIC ANTI-TERRORISM TECHNOLOGY DEVELOPMENT</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a SUPPORT OF TEN COUNTERTERRORISM-RELATED RESEARCH PROJECTS UNDER CFDA 16 565 NATIONAL INSTITUTE OF JUSTICE DOMESTIC ANTI-TERRORISM TECHNOLOGY DEVELOPMENT PROGRAM (Grants and allocations \$ 2,613,531 )	3,661,473
b _____ (Grants and allocations \$ _____ )	
c _____ (Grants and allocations \$ _____ )	
d _____ (Grants and allocations \$ _____ )	
e Other program services (Grants and allocations \$ _____ )	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	3,661,473

**Part IV Balance Sheets** (See instructions)

<b>Note.</b> Where required, attached schedules and amounts within the description column should be for end of year amounts only		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	45 Cash – non interest bearing	443	45	283,372
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable	14,030,359	49	9,362,321
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	20,248	53	2,485
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,956	54	2,596
	55a Investments – land, buildings, & equipment basis	55a		
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a			
b Less accumulated depreciation (attach schedule)	57b		57c	
58 Other assets (describe ▶ _____)		58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	14,057,006	59	9,650,774	
<b>L I A B I L I T I E S</b>	60 Accounts payable and accrued expenses	39,158	60	150,183
	61 Grants payable		61	603,049
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶ _____)		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	39,158	66	753,232	
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	5,956	67	28,367
	68 Temporarily restricted	14,011,892	68	8,869,175
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	14,017,848	73	8,897,542	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	14,057,006	74	9,650,774	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements	a	49,333
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 148		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) ----- \$		
	Add amounts on lines (1) through (4)	b	148
c	Line a minus line b	c	49,185
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) ----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	49,185

a	Total expenses and losses per audited financial statements	a	4,420,539
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) ----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	4,420,539
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) ----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	4,420,539

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
DENNIS J REIMER 1103 OUTABOUNDS DR EDMOND, OK 73061	DIRECTOR 40	152,687	15,239	0
MG DONALD F FERRELL USAF (Ret) PO BOX 277 CHANDLER, OK 74834	BOARD MEMBER 2	0	0	0
LINDA EDMONDSON 2200 DAWN MARIE DR OKC, OK 73128	BOARD MEMBER 2	0	0	0
ED KELLER PO BOX 1 TULSA, OK 74102	BOARD MEMBER 2	0	0	0
MIKE CAROLINA 7725 W RENO OKC, OK 73126	BOARD MEMBER 2	0	0	0
MG AL GOODBARY USAF (Ret) 305 WHITEHURST HALL STILLWATER, OK 74060	BOARD MEMBER 2	0	0	0
DAVID CID 3301 W MEMORIAL ROAD OKC, OK 73104	BOARD MEMBER 2	0	0	0
AMBASSADOR ED CORR SARKEY'S RM 550 NORMAN, OK 73069	BOARD MEMBER 2	0	0	0
DEBBY GOODMAN, Ph D 4709 SEABROOK CT OKC, OK 73102	BOARD MEMBER 2	0	0	0
CHERYL VAUGHT 50 PENN PLACE, STE 1300 OKC, OK 73104	BOARD MEMBER 2	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If 'Yes,' attach schedule - see instructions

Part VI Other Information (See specific instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
	b If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures See line 81 instructions	81a		0
81b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
	b If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A
	b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		N/A
	c Dues, assessments, and similar amounts from members	85c		N/A
	d Section 162(e) lobbying and political expenditures	85d		N/A
	e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e		N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
	g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g		N/A
	h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
	b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 ▶ N/A, Section 4912 ▶ N/A, Section 4955 ▶ N/A			
89b	501(c)(3) and 501(c)(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,' attach a statement explaining each transaction	89b		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958			0
	d Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed ▶ OKLAHOMA			
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b		13
91	The books are in care of ▶ ORGANIZATION Telephone number ▶ (405) 232-5121 Located at ▶ 204 NORTH ROBINSON, STE 1404 OKLAHOMA CITY OK ZIP + 4 ▶ 73102			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

**Part VII Analysis of Income-Producing Activities** (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))					
105 Total (add line 104, columns (B), (D), and (E))					

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions) N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Signature of Officer: [Signature] Date: 23 Aug 02

Type or Print Name and Title: \_\_\_\_\_

Paid Preparer's Use Only

Preparer's Signature: [Signature] Date: 08/28/02 Check if self employed:  Preparer's SSN or PTIN (see General Instruction W): P00172703

Firm's name (or yours if self employed) and address and ZIP + 4: WEDEL RAHILL & ASSOCIATES, CPA's, PLC  
5901 N WESTERN, SUITE 301  
OKLAHOMA CITY OK 73118

EIN: 73-1502599 Phone no: (405) 842-3662

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

**Organization Exempt Under**  
**Section 501(c)(3)**

OMB No 1545-0047

**(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)**  
**Supplementary Information - (see separate instructions)**

**2001**

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 NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM

Employer Identification Number

73-1579654

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
DONALD R HAMILTON ----- 1904 OLDE NORTH PL EDMOND, OK 73034	DEPUTY DIRECTOR 40	113,559	21,008	0
BRIAN K HOUGHTON ----- 1217 COPPERFIELD DR EDMOND, OK 73034	DIRECTOR-RESEARCH 40	71,547	7,225	0
JAMES M GASS ----- 1808 DOVE CT EDMOND, OK 73034	SPEC PROJ OFFR 40	66,851	4,200	0
CHARLES B ROBISON ----- 1303 CARLISLE CT OKC, OK 73120	LIBRARY DIRECTOR 40	55,118	5,558	0
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	None			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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
VAUGHT & CONNOR ----- 50 PENN PLACE, STE 1300 OKLAHOMA CITY, OK 73118	LEGAL	137,766
----- ----- -----		
----- ----- -----		
----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	None	

**Part III Statements About Activities** (See 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 amounts on line 38, Part VI-A, or line 1 of Part VI-B )		X
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		
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 expenses 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
<b>Note</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		

**Part IV Reason for Non-Private Foundation Status** (See 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 )
  - 11 a  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 )
  - 11 b  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 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 instructions )



**Part IV-A 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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital 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 ▶ 26 a

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 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts ▶ 26 b

c Total support for Section 509(a)(1) test Enter line 24, column (e) ▶ 26 c

d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26 b \_\_\_\_\_ ▶ 26 d

e Public support (line 26c minus line 26d total) ▶ 26 e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26 f %

**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  
(2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_

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  
(2000) \_\_\_\_\_ (1999) \_\_\_\_\_ (1998) \_\_\_\_\_ (1997) \_\_\_\_\_

c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ 27 c

d Add Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ 27 d

e Public support (line 27c total minus line 27d total) ▶ 27 e

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27 f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27 g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27 h %

**28 Unusual Grants.** For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, 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

**Part V Private School Questionnaire** (See instructions )  
 (To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 ) ----- ----- -----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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 ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?  If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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 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 )

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table --		
<b>If the amount on line 40 is --</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is --</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	
<b>Caution</b> 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 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots non-taxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

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

- 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 )

Yes	No	Amount

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See instructions)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
<b>51 a (i)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<b>a (ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<b>b (i)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<b>b (ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<b>b (iii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<b>b (iv)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<b>b (v)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<b>b (vi)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X
<b>c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/> X

(i) Cash

(ii) Other assets

**b** Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Supplementary information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No 1545 0047

**2001**

Name of Organization

OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM

Employer Identification Number

73-1579654

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section

- 501(c)( 3 ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule**. (Note Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule – see instructions )

**General Rule –**

- For organizations filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules –**

- For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )
- For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM

73-1579654

**Part I** Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 25,000 -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
2	----- ----- -----	\$ ----- 7,500 -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution)

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
LIBRARY COSTS	13,746	13,746	0	0
BOOKS/SUBSCRIPTIONS	2,418	0	2,418	0
ADVERTISING	2,089	0	2,089	0
OTHER CHARGES	14,539	0	14,539	0
Total	<u>32,792</u>	<u>13,746</u>	<u>19,046</u>	<u>0</u>

Form 990, Page 3, Part IV, Line 54

**Investments - Securities Statement**

Line 54 – Investments - Securities:	Beginning of Year	End of Year
US BANCORP DEL NEW (NYSE) 124 sh @ \$20 93	0	2,596
ILLINOIS TOOL WORKS, INC (NYSE) 100sh @ \$59 56	5,956	0
Total	<u>5,956</u>	<u>2,596</u>

**Supporting Statement of:**

Form 990 p 1/Line 20

Description	Amount
NET UNREALIZED GAIN ON INVESTMENTS	148
PRIOR YEAR GRANT TEMPORARILY RESTRICTED IN 2000	-749,100
Total	<u>-748,952</u>



For the year ended December 31, 2001

FORM 990, PART II, LINE 22 (GRANTS AND ALLOCATIONS):

<u>Name and address</u>	<u>Amount</u>
Terrorism Research Center PMB 331 5765-F Burke Center Parkway Burke, VA 22015-2233 Research Activities	\$ 432,696 00
OU Health Sciences Center SCB-Room 228 Post Office Box 26901 Oklahoma City, OK 73190 Research activities	92,716 00
OSU Education and Research Foundation 402 Whitehurst Stillwater, OK 74078-1031 Research activities	343,235 00
OU Health Sciences Center 660 Parrington Oval, Room 324 Norman, OK 73019 Research activities	34,711 00
OSU Department of Veterinary Medicine OSU/GCFA 402 Whitehurst Stillwater, OK 74078-1031 Research activities	680,397 00
CBACI 1747 Pennsylvania Avenue, NW 7th Floor Washington DC 20006 Research activities	238,403 00
UAB Birmingham AB 990 1530 3rd Avenue S Birmingham, AL 35294-0109 Research activities	195,865 00
OU HSC Department of Microbiology Grants and Contracts SCB-Room 228 Post Office Box 26901 Oklahoma City, OK 73190-2010 Research Activities	198,166 00

For the year ended December 31, 2001

FORM 990, PART II, LINE 22 (GRANTS AND ALLOCATIONS):

<u>Name and address</u>	<u>Amount</u>
Armed Forces Journal International Education of Public	19,251 00
CSIS 1800 K Street NW Suite 400 Washington DC 20006 Research activities	114,814 00
Ace Communications 16832 Halbrooke Road Edmond, OK 73003 Education of Public	24,950 00
Barry Kellman DePaul University 25 E Jackson Boulevard Chicago, IL 60604-2216 Research activities	98,314 00
RAND Corporation 1700 Main Street Post Office Box 2138 Santa Monica, CA 90407-2138 Research activities	71,276 00
SAIC Drawer CS 198347 Atlanta, GA 30384-8347 Research activities	60,621 00
University of California Sponsored Projects Accounting File Number 52095 Los Angeles, CA 90074-2095 Research activities	4,921 00
Other	3,195 00
<b>TOTALS</b>	<b>\$ <u>2,613,531.00</u></b>

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box



Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM
Employer Identification Number: 73-1579654
Address: 204 NORTH ROBINSON, #1404 OKLAHOMA CITY OK 73102

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

Form 990 [X] Form 990-EZ [ ] Form 990-T (Section 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870 [ ]
Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069 [ ]

Stop. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 organizations four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group check this box [ ] If it is part of the group, check this box [X] and attach a list with the names and EINs of all members the extension is for \_\_\_\_\_

4 I request an additional 3-month extension of time until Nov 15, 2002
5 For calendar year 2001, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_
6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period
7 State in detail why you need the extension Diligent efforts have been made to secure the information necessary to file a complete and accurate tax return/report. These efforts have proven successful to a point, however, add'l time is needed
8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
c Balance due Subtract line 8b from line 8a 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 \$ \_\_\_\_\_

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: Arthur C. Rahill, CPA Title: CPA Date: 08/13/02

Notice to Applicant - To be Completed by the IRS

We have approved this application Please attach this form to the organization's return [ ]
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization's return [ ]
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10 day grace period [ ]
We cannot consider this application because it was filed after the due date of the return for which an extension was requested [ ]
Other \_\_\_\_\_ [ ]

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: Arthur C. Rahill, Jr CPA
Address: 5901 N WESTERN, SUITE 301 OKLAHOMA CITY OK 73118