

Return of Organization Exempt from Income Tax

2004

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 2004 calendar year, or tax year beginning , 2004, and ending

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	Please use IRS label or print or type. See specific instructions.	C Name of organization OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM	D Employer identification number 73-1579654
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 621 NORTH ROBINSON, 5TH FLOOR	E Telephone number (405) 232-5121
		City, town or country State ZIP code + 4 OKLAHOMA CITY OK 73102	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

G Web site: www.mipt.org

J Organization type (check only one): 501(c) 3 (insert no) 4947(a)(1) or 527

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: 5,476,144.

H and **I** are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? Yes No
H (b) If 'Yes,' enter number of affiliates:
H (c) Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number:
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	462,744.	
b Indirect public support	1b		
c Government contributions (grants)	1c	5,013,400.	
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		5,476,144.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less rental expenses	6b		
7 Other investment income or (loss) (subtract line 6b from line 6a)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less cost or other basis and sales expenses	8a	8b	
c Gross gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,476,144.
13 Program services (from line 44, column (B))	13		16,708,205.
14 Management and general (from line 44, column (C))	14		674,510.
15 Fundraising (from line 44, column (D))	15		0.
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		17,382,715.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-11,906,571.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		19,102,522.
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		7,195,951.

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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 \$ 8,107,102. non-cash \$)	22 8,107,102.	8,107,102.		
23 Specific assistance to individuals (att sch)	23 0.	0.		
24 Benefits paid to or for members (att sch)	24 0.	0.		
25 Compensation of officers, directors, etc	25 150,000.	100,500.	49,500.	0.
26 Other salaries and wages	26 770,271.	516,082.	254,189.	0.
27 Pension plan contributions	27 0.	0.	0.	0.
28 Other employee benefits	28 183,293.	122,806.	60,487.	0.
29 Payroll taxes	29 0.	0.	0.	0.
30 Professional fundraising fees	30 0.	0.	0.	0.
31 Accounting fees	31 13,568.	13,568.	0.	0.
32 Legal fees	32 88,915.	88,915.	0.	0.
33 Supplies	33 36,115.	0.	36,115.	0.
34 Telephone	34 39,389.	0.	39,389.	0.
35 Postage and shipping	35 17,729.	0.	17,729.	0.
36 Occupancy	36 83,761.	0.	83,761.	0.
37 Equipment rental and maintenance	37 0.	0.	0.	0.
38 Printing and publications	38 4,552.	4,552.	0.	0.
39 Travel	39 152,477.	152,477.	0.	0.
40 Conferences, conventions, and meetings	40 0.	0.	0.	0.
41 Interest	41 0.	0.	0.	0.
42 Depreciation, depletion, etc (attach schedule)	42 31,186.	0.	31,186.	0.
43 Other expenses not covered above (itemize):				
a SPEAKERS	43a 3,885.	3,885.	0.	0.
b EMPLOYEE TRAINING	43b 9,620.	0.	9,620.	0.
c CONSULTANTS/CONTRACTORS	43c 7,156,525.	7,156,525.	0.	0.
d INSURANCE	43d 17,952.	0.	17,952.	0.
e See Other Expenses Stmt	43e 516,375.	441,793.	74,582.	0.
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 17,382,715.	16,708,205.	674,510.	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? <input type="checkbox"/> DOMESTIC ANTI-TERRORISM TECHNOLOGY DEVELOPMENT	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SUPPORT OF SEVENTEEN COUNTERTERRORISM-RELATED RESEARCH PROJECTS UNDER CFDA 16.565, PASSED THROUGH FROM THE DEPARTMENT OF JUSTICE; AND CFDA 97.004 AND CFDA 16.730, PASSED THROUGH FROM THE DEPT OF HOMELAND SECURITY (Grants and allocations \$ 8,107,102.)	16,708,205.
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)	16,708,205.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash – non-interest-bearing	244,285.	45	250,088.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	221,206.		
	b Less: allowance for doubtful accounts		47c	221,206.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	20,564,673.	49	7,452,685.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	16,801.	53	9,803.
	54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments – land, buildings, & equipment basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment: basis	1,360,505.			
b Less: accumulated depreciation (attach schedule)	31,186.	57c	1,329,319.	
58 Other assets (describe ► _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	20,874,971.	59	9,263,101.	
LIABILITIES	60 Accounts payable and accrued expenses	878,037.	60	1,199,506.
	61 Grants payable	894,412.	61	867,644.
	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 Total liabilities (add lines 60 through 65)	1,772,449.	66	2,067,150.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	208,209.	67	670,953.
	68 Temporarily restricted	18,894,313.	68	6,524,998.
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	19,102,522.	73	7,195,951.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	20,874,971.	74	9,263,101.

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	5,476,144.	a	Total expenses and losses per audited financial statements	a	17,382,715.
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)			(4)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) through (4)	b			Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	5,476,144.	c	Line a minus line b	c	17,382,715.
d	Amounts included on line 12, Form 990 but not on line a:			d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)			(2)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,476,144.	e	Total expenses per line 17, Form 990 (line c plus line d)	e	17,382,715.

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 73034	DIRECTOR 40	150,000.	15,000.	0.
DONALD F. FERRELL P.O. BOX 277 CHANDLER, OK 74834	BOARD CHAIR 2	0.	0.	0.
LINDA EDMONDSON 10731 E APPLE VALLEY RD OKLAHOMA CITY, OK 73151	BOARD MEMBER 2	0.	0.	0.
ED KELLER PO BOX 1 TULSA, OK 74102	TREASURER 2	0.	0.	0.
MIKE CAROLINA 5714 IRVINE EDMOND, OK 73003	BOARD MEMBER 2	0.	0.	0.
See List of Officers, Etc. Statement		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 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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80 a	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?		X
81 a	Enter direct and indirect political expenditures See line 81 instructions 81 a 0.		
81 b	Did the organization file Form 1120-POL for this year?		X
82 a	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?		X
82 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) 82 b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85 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	N/A	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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?	N/A	
86 a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86 a N/A		
86 b	Gross receipts, included on line 12, for public use of club facilities 86 b N/A		
87 a	501(c)(12) organizations Enter a Gross income from members or shareholders 87 a N/A		
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87 b 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		X
89 a	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		
89 b	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		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 		
90 a	List the states with which a copy of this return is filed OKLAHOMA		
90 b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)		15
91	The books are in care of ORGANIZATION Telephone number (405) 232-5121 Located at 621 NORTH ROBINSON, 5TH FLOOR, OKLAHOMA CITY OK ZIP + 4 73102		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here 92 and enter the amount of tax-exempt interest received or accrued during the tax year 		

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)
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(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: *[Handwritten Signature]* Date: *7/13/05*

DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Handwritten Signature]* Date: 07/05/05

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W)

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

EIN: _____ 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.)

2004

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 and deferred compensation	(e) Expense account and other allowances
DONALD R HAMILTON 1904 OLDE NORTH PL EDMOND, OK 73034	DEPUTY DIRECTOR 40	176,752.	17,675.	0.
BRIAN K HOUGHTON 1217 COPPERFIELD DR EDMOND, OK 73034	DIRECTOR-RESEARCH 40	95,600.	9,560.	0.
KENNETH G THOMPSON 10413 BISHOP GATE OKC, OK 73162	DIRECTOR-EXTERNAL AFFAIRS 40	90,107.	9,011.	0.
JAMES M GASS 1808 DOVE COURT EDMOND, OK 73034	SPECIAL PROJ OFFICER 40	92,908.	9,291.	0.
CHARLES B. ROBISON 1303 CARLISLE CT, OKLAHOMA CITY, OK 73120	LIBRARY DIRECTOR 40	60,095.	6,010.	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 AND CONNOR 50 PENN PLACE, STE 1300 OKLAHOMA CITY, OK 73116	LEGAL SERVICES	59,225.
Total number of others receiving over \$50,000 for professional services	NONE	

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

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See instructions)

	Yes	No
<p>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 ▶ \$ _____</p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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</p>		X
<p>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)</p> <p>a Sale, exchange, or leasing of property?</p>		X
<p>b Lending of money or other extension of credit?</p>		X
<p>c Furnishing of goods, services, or facilities?</p>		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>		X
<p>e Transfer of any part of its income or assets?</p>		X
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	17,829,742.	17,386,552.	49,185.	15,148,963.	50,414,442.
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				30,656.	30,656.
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. RECOVERY OF PROG SVC	38,315.				38,315.
23 Total of lines 15 through 22	17,868,057.	17,386,552.	49,185.	15,179,619.	50,483,413.
24 Line 23 minus line 17	17,868,057.	17,386,552.	49,185.	15,148,963.	50,452,757.
25 Enter 1% of line 23	178,681.	173,866.	492.	151,796.	
26 Organizations described on lines 10 or 11:	<p>a Enter 2% of amount in column (e), line 24</p> <p>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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</p> <p>c Total support for section 509(a)(1) test: Enter line 24, column (e)</p> <p>d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 <u>38,315.</u> 26b _____</p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a 1,009,055.</p> <p>26b _____</p> <p>26c 50,452,757.</p> <p>26d 38,315.</p> <p>26e 50,414,442.</p> <p>26f 99.92 %</p>
27 Organizations described on line 12:	<p>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 (2003) _____ (2002) _____ (2001) _____ (2000) _____</p> <p>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 (2003) _____ (2002) _____ (2001) _____ (2000) _____</p> <p>c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p>d Add Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f _____</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c _____</p> <p>27d _____</p> <p>27e _____</p> <p>27g _____ %</p> <p>27h _____ %</p>

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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 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
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)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table –		
If the amount on line 40 is –		
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		
The lobbying nontaxable amount is –		
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		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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

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.)

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

- (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

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

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

52 a 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

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	89,126.	89,126.	0.	0.
BOOKS/SUBSCRIPTIONS	46,941.	46,941.	0.	0.
OTHER CHARGES	19,368.	0.	19,368.	0.
COMPUTER SUPPLIES AND SOFTWARE	89,846.	89,846.	0.	0.
EQUIPMENT COSTS	55,214.	0.	55,214.	0.
PEER REVIEW	43,608.	43,608.	0.	0.
OUTREACH DISPLAYS	45,796.	45,796.	0.	0.
ANNIVERSARY OPEN HOUSE	10,471.	10,471.	0.	0.
TRAINING	1,504.	1,504.	0.	0.
VIDEO NEWS RELEASES	114,501.	114,501.	0.	0.
Total	<u>516,375.</u>	<u>441,793.</u>	<u>74,582.</u>	<u>0.</u>

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(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
ROBERT A GOODBARY 107 WHITEHURST STILLWATER, OK 74078	BOARD MEMBER 2	0.	0.	0.
DAVID CID PO BOX 30130 EDMOND, OK 73003	BOARD MEMBER 2	0.	0.	0.
EDWIN G CORR 339 W BOYD, RM 400 NORMAN, OK 73019	BOARD MEMBER 2	0.	0.	0.
DEBBY GOODMAN 4709 SEABROOK CT OKC, OK 73142	SECRETARY 2	0.	0.	0.
CHERYL VAUGHT 50 PENN PLACE, STE 1300 OKC, OK 73118	BOARD VICE CHAIR 2	0.	0.	0.
Total		<u>0.</u>	<u>0.</u>	<u>0.</u>

OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM
FEIN 73-1579654
For the report year ended December 31, 2004

FORM 990, PAGE 2, PART II, LINE 22, COLUMN (B):

Grants and allocations:

#002 Continuation		\$	2,589,491
	Hicks & Associates, Inc. 1710 SAIC Drive Suite 1300 McLean, VA 22102		
#003	PlasmaSol Corp 614 River Street Hoboken, NJ 07030		118,507
#019	John Hopkins University Office of the Controller 1101 East 33rd Street Baltimore, MD 21218		111,035
#020	The University of Oklahoma Health Sciences Center Grants and Contracts Accounting 1100 N. Lindsay SCB Room 228 Oklahoma City, OK 73190-2010		827,381
#021	OSU Education and Research Foundation Grants and Contracts Financial Administration 402 Whitehurst Stillwater, OK 74078-1031		558,026
#033	OSU Education and Research Foundation Grants and Contracts Financial Administration 402 Whitehurst Stillwater, OK 74078-1031		172,539
#053	The University of Rhode Island Office of Grant and Contract Accounting 70 Lower College Road Suite 1 Kingston, RI 02881-2129		96,103
#064	University of Arkansas Treasurers Office 205 ADMN Building Fayetteville, AR 72701		447,402
#067	The University of Tulsa 600 South College Avenue Tulsa, OK 74104-3189		123,120

#070	The RAND Corporation 1700 Main Street Santa Monica, CA 90407-2138	210,142
#080	The University of Oklahoma Health Sciences Center Grants and Contracts Accounting 1100 N. Lindsay SCB Rom 228 Oklahoma City, OK 73190-2010	597,018
#111	The University of Rhode Island Office of Grant and Contract Accounting 70 Lower College Road Suite 1 Kingston, RI 02881-2129	77,232
#139	The University of California Accounting Office UC Regents Cashier's Office Riverside, California 92521	1,214,145
#184	Terrorism Research Center PMB 331 5765-F Burke Parkway Burke, VA 22015	632,257
#187	OSU Education and Research Foundation Grants and Contracts Financial Administration 402 Whitehurst Stillwater, OK 74078-1031	300,910
#203	DESC, Inc. 2500 S. Broadway Suite 106 Edmond, OK 73013	1,435
	Program/Project Management University of Southern California 1014 Childs Way 2nd Floor Los Angeles, CA 90089	30,360
TOTAL TO FORM 990		\$ <u>8,107,102</u>

OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM

FEIN 73-1579654

For the report year ended December 31, 2004

DEPRECIATION SCHEDULE

FORM 990, PAGE 2, PART II, LINE 42, COLUMN (C):

<u>PROPERTY DESCRIPTION</u>	<u>DATE IN SERVICE</u>	<u>BOOK COST</u>	<u>BOOK METHOD</u>	<u>BOOK PERIOD</u>	<u>BOOK DEPRECIATION</u>
Building Improvements	10/30/2004	1,177,560	S/L	10 years	19,626
Audio and Video System	10/15/2004	79,738	S/L	7 years	2,848
Security System	7/21/2004	38,290	S/L	7 years	2,279
Office Server	1/12/2004	11,755	S/L	5 years	2,351
Exchange Server	1/12/2004	11,605	S/L	5 years	2,321
Library Shelving	8/31/2004	35,454	S/L	7 years	1,688
Conference Table	12/13/2004	6,103	S/L	7 years	73
Totals		<u><u>1,360,505</u></u>			<u><u>31,186</u></u>

Application for Extension of Time to File an Exempt Organization Return

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)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM	73-1579654
	Number, street, and room or suite number. If a P O box, see instructions	
	621 NORTH ROBINSON, 5TH FLOOR	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	OKLAHOMA CITY	OK 73102

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 (section 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 |

• The books are in the care of ▶ OKC NAT'L MEMORIAL INSTITUTE -----

Telephone No ▶ (405) 232-5121 ----- FAX No ▶ (405) 232-5132 -----

- 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-months for a **Form 990-T corporation**) extension of time until Aug 15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 04 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

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. \$ _____ 0.

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. \$ _____ 0.

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.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2004)

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

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- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

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Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization		Employer identification number	
	OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM		73-1579654	
	Number, street, and room or suite number. If a P O box, see instructions			
	621 NORTH ROBINSON, 5TH FLOOR			
City, town or post office. For a foreign address, see instructions		state	ZIP code	
OKLAHOMA CITY		OK	73102	

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 (section 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 |

• The books are in the care of ▶ OKC NAT'L MEMORIAL INSTITUTE _____

Telephone No ▶ (405) 232-5121 _____ FAX No ▶ (405) 232-5132 _____

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- ▶ calendar year 20 04 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

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. \$ _____ 0.

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. \$ _____ 0.

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Form 8868 (Rev 12-2004)