Return of Organization Exempt from Income Tax

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

OMB No. 1545 0047

Open to Public Department of the Treasury Internal Revenue Service Inspection The organization may have to use a copy of this return to satisfy state reporting requirements 2002, and ending For the 2002 calendar year, or tax year beginning D Employer Identification Number C Name of organization Check if applicable Mease use IRS label Address change OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM 73-1579654 or print or type See E Telephone number Number street (or P O box if mail is not delivered to street addr) Name change 204 NORTH ROBINSON 1404 specific instruc-(405) Initial return City, town or country ZIP code + 4 Final return Cash X Accrual tions OKLAHOMA CITY 73102 Amended return Other (specify) • Section 501(c)(3) organizations and 4947(a)(1) nonexempt Application pending H and I are not applicable to section 527 organizations charitable trusts must attach a completed Schedule A H (a) Is this a group return for affiliates? (Form 990 or 990-EZ) H (b) If Yes, enter number of affiliates G Website ► www mipt org H (c) Are all affiliates included? Organization type (If No, attach a list. See instructions.) ► X 501(c) (check only one) 3 ◄ (insert no.) 4947(a)(1) or H (d) is this a separate return filed by an Check here ► if the organ Lation's gross receipts are normally not more than organization covered by a group ruling? \$25,000 The organization need not file a return with the IRS, but if the organization Enter 4 digit GEN received a Form 990 Package in the mail, it should file a return without financial data Some states require a complete return. Check | If the organization is not required Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 17, 394, 233 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) Contributions, gifts, grants, and similar amounts received a Direct public support 127, 160 1 b **b** Indirect public support c Government contributions (grants) 1 c 259.392 Total (add lines a through 1c) (cash noncash \$ 17,386,552 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 3 4 4 Interest on savings and temporary cash investments Dividends and interest from securities 5 6a 6a Gross rents b Less rental expenses c Net rental income or (loss) (subtract line 6b from line 6a). 6с 7 Other investment income (describe 7

(A) Securities

of contributions

7,681

333

348

8a

8b

9b

10a

10 b

b Less cost or other basis and sales expenses c Gain or (loss) (attach schedule) See L-8 Stmt d Net gain or (loss) (combine line 8c, columns (A) and (B)). mecial events and activities (attach schedule) RECEINED noturing \$ reported on line (a) Sher than fundraising expenses

8a Gross amount from sales of assets other

than inventory

8с 84 348 9a

9 c

10 c

11

12

13 14

15

16

17

18

19

20

(B) Other

GD END obd sale c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Other revenue (from Part VII, line 103)

c Net income of (loss) from special events (subtract line 9b from line 9a).

Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 13 Program services (from line 44, column (B))

rese sales of inventor, less returns and allowances

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule) Total expenses (add lines 16 and 44, column (A))

Excess or (deficit) for the year (subtract line 17 from line 12)

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year (combine lines 18, 19, and 20)

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

TEEA0101 09/05/02

17, 159, 184 Form 990 (2002

17,386,900 8,389,772

735.486

9,125,258

8,261,642

8.897.542



Page 2

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 Part II

ľ	o 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 \$ 6, 184, 015	1				
	non cash \$)	22	6,184,015	6,184,015		ļ
23		23	0	0		
24 25		25	151,300	136,170	15,130	0
26	•	26	702,617	504,016	198,601	ŏ
27	Pension plan contributions	27	0	0	0	0
28	Other employee benefits	28	263,501	0	263,501	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	14,206	0	14,206	0
33	Supplies	33	51,435	0	51,435	0
34	Telephone	34	26,857	0	26,857	0
35	Postage and shipping	35	10,770	0	10,770	0
	Occupancy	36	66,225	0	66,225	0
37	Equipment rental and maintenance	37	0	0	0	0
38	Printing and publications	38	0	0	0	0
39	Travel	39	98,283	98, 283		0
40	Conferences, conventions, and meetings	40	426,137	426,137	0	0
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize)					
	SPEAKERS	43a	3,388	3,388	0	0
	EMPLOYEE TRAINING	43Ь	10,309	0	10,309	0
	CONSULTANTS/CONTRACTORS	43 c	909,726	909,726	0	0
	INSURANCE	43 d	8,446	0	8,446	0
е	See Other Expenses Stmt	43e	198,043	128,037	70,006	0
44	Total functional expenses (add lines 22 43) Organizations completing columns (B) (D), carry these totals to lines 13 - 15	44	9,125,258	8,389,772	735,486	0
	Costs. Check If you are following	SOP 9	8 2	·		
Are a	iny joint costs from a combined educationa	sl cam	paign and fundraising so	olicitation reported in (B)	Program services?	► Yes X No
f 'Ye	s,' enter (i) the aggregate amount of these	joint (costs \$, (n) the a	mount allocated to prog	ram services
\$_		ocated	to management and ge	neral \$, and (iv) th	e amount allocated
	ndraising \$					<u></u>
Par						
Λha	is the organization's primary exempt purp	ose?	DOMESTIC ANTI	-TERRORISM TECHNO		Program Service Expenses
All oi chen	ganizations must describe their exempt puss served, publications issued, etc. Discussins and 4947(a)(1) nonexempt charitable to	irpose s achie	achievements in a clear evements that are not me	r and concise manner Seasurable (Section 501)	tate the number of c)(3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
						optional for others)
а	SUPPORT OF NINETEEN COUNTE					
	UNDER_CFDA 16 565 NATIONAL			CE DOMESTIC ANT	<u>I</u>	
	TERRORISM TECHNOLOGY DEVEL	OPME	NT PROGRAM			
			(Grants and	d allocations \$	6,184,015 <u>)</u>	8,389,772
t						
						ii
			(Grants and	allocations \$		
C						
			 -			
			(Grants and	d allocations \$)	
c						
			(Grants and	allocations \$	<u></u>	
e	Other program services		(Grants and	l allocations \$)	
	Total of Program Service Expenses (sho	ııld egi	ial line 44, column (B)	program services)	•	8.389.772

Page 3

Part IV. Balance Sheets (See Instructions) (B) End of year (A) Note: Where required, attached schedules and amounts within the description Beginning of year column should be for end of-year amounts only 283,372 45 Cash - non interest-bearing 45 460.101 46 46 Savings and temporary cash investments 47 a Accounts receivable 47 a 47 b 47 c b Less allowance for doubtful accounts 48 a 48 a Pledges receivable 48b 480 b Less allowance for doubtful accounts 9.362.321 49 18,052,613 49 Grants receivable Receivables from officers, directors, trustees, and key 50 employees (attach schedule) 51 a Other notes & loans receivable (attach sch) 51 a 51 b 51 c b Less allowance for doubtful accounts 52 52 Inventories for sale or use 485 53 Prepaid expenses and deferred charges 53 13,817 54 Investments – securities (attach schedule) L-54 Stmt► Cost FMV 596 54 55a Investments - land, buildings, & equipment basis 55 a b Less accumulated depreciation (attach schedule) 55 b 55 c 56 investments - other (attach schedule) 56 57a Land, buildings, and equipment basis. 57 a **b** Less accumulated depreciation 57 b 57 c (attach schedule) Other assets (describe > 58 18,526,531 Total assets (add lines 45 through 58) (must equal line 74) 9,650,774 59 Accounts payable and accrued expenses 150,183 60 394,929 603,049 61 972,418 Grants payable 62 62 Deferred revenue ABILITIES 63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 64a Tax-exempt bond liabilities (attach schedule) 64 a b Mortgages and other notes payable (attach schedule) 64 b 65 Other liabilities (describe ► 65 66 Total liabilities (add lines 60 through 65) 753, 232 66 1,367,347 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74 28,367 Unrestricted 67 144,582 68 Temporarily restricted 8,869,175 68 17,014,602 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here► and complete lines 70 through 74 FUND 70 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 71 72 72 Retained earnings, endowment, accumulated income, or other funds

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.

8,897,542

9,650,774

73

74

17, 159, 184

18.

526,531

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)

74 Total liabilities and net assets/fund balances (add lines 66 and 73)

BAA

Pai	Reconciliation of Reven Financial Statements wi per Return (See Instruct	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 17,386,900	а	Total expenses and financial statements		а	9,125,258
b	Amounts included on line a but not on line 12, Form 990	*	ь	Amounts included o on line 17, Form 99			
(1)	Net unrealized gains on investments \$		Ŋ) Donated serv- ices and use of facilities	;		
(2)	Donated services and use of facilities \$		(2	Prior year adjust ments reported on line 20, Form 990) 5 g
• • •	Recoveries of prior year grants \$		i `	Losses reported on line 20, Form 990			
(4)	Other (specify)		(4	Other (specify)			•
			İ			_	
	Add amounts on lines (1) through (4)	Ь		Add amounts on lines (1)	through (4)	b	
C	Line a minus line b	c 17,386,900	С	Line a minus line b	▶	Ç	9,125,258.
d	Amounts included on line 12, Form 990 but not on line a	W. S. Carlo	d	Amounts included o Form 990 but not or	n line 17, i line a:	, ,	
(1)	Investment expenses not included on line 6b, Form 990 \$		ָת	Investment expenses not included on line 6b, Form 990			
(2)	Other (specify)		(2	Other (specify)			, a, 32
\- ,			•		ł		ر د د د د د د د د د د د د د د د د د د د
	Add amounts on lines (1) and (2)	d		Add amounts on line	es (1) and (2)		· · · · · · · · · · · · · · · · · · ·
_	Total revenue per line 12, Form	<u>-u</u>	e	Total expenses per	cs (1) and (E)	d	
	990 (line c plus line d)	e 17,386,900	U	990 (line c plus line	d)►	e	9,125,258
Parl	V List of Officers, Directors	Trustees, and Key E	mple	oyees (List each on	e even if not compe	nsa	ted, see instructions)
	(A) Name and address	(B) Title and average ho per week devoted to position	urs	(C) Compensation (If not paid, enter -0-)	(D) Contributions employee benefit plans and deferre compensation	t [(E) Expense account and other allowances
DEN	NIS J REIMER					7	
110	3 OUTABOUNDS DR					- }	
EDM	OND, OK 73034	DIRECTOR	40	151,300	15,07	8	0
DON	ALD F FERRELL		_				
PO_	BOX 277	_}				Ì	
	NDLER, OK 74834	BOARD CHAIR	2	0		0	0
	IDA_EDMONDSON	_	-			- }	
	31 E APPLE VALLEY RD	<u> </u>		_			
	, OK 73151	BOARD MEMBER	_2 _	0_		0	0_
	KELLER BOX 1	-{				ľ	
	SA, OK 74102	TREASURER	2	0		0	0
	E CAROLINA	TREASONER				┧	<u> </u>
	4 IRVINE	[ſ	
	OND, OK 73003	BOARD MEMBER	2	0_		0_	0
See_	List of Officers, Etc. Statement	<u></u>		0		0	0
7 5	Did any officer, director, trustee, or k than \$100,000 from your organization \$10,000 was provided by the related	i and all related organizations? organizations?	gate ons, o	compensation of more than		- [Yes 🗓 No
BAA	If 'Yes,' attach schedule -see instruc	ctions					Form 990 (2002)

Part VI Other Information (See instructions) Yes No		1 990 (2		OKE NATIONAL MEMORIAL INS		TION OF TERRORISM			73-15796	54	F	age 5
attach a detailed description of each activity 77 Wer any changes made in the organizing or governing documents but not reported to the IRS2 11 "Yes," attach a conformed copy of the changes 78 Did the organization nave mentaled business gross income of \$1,000 or more during the year covered by this return? 78 Did the organization nave mentaled business gross income of \$1,000 or more during the year covered by this return? 78 Did the organization classification, termination, or substantial contraction during the year? 79 Was there a figurdation, desculition, termination, or substantial contraction during the year? 79 Was their a figurdation, desculition, termination with a statewide or nationwide organization) through common membership, overning bodies, turistees, officers, etc., to any other exempt or nonexempt organization? 80 Li Yes, criter the name of the organization with a statewide or nationwide organization) through common membership, overning bodies, turistees, officers, etc., to any other exempt or nonexempt organization? 81 a Enter direct or indirect political expenditures. See line 81 instructions 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially like sis than fair returnal value? 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially like sis than fair relial value? 83 bid the organization comply with the disclosure requirements reliating to quid pro quicy contributions? 84 bid the organization solicit any contributions or grifts that were not tax deductible? 85 50 (CQ)(Q) (2) organization racked which every solicitation an express statement that such contributions or grifts were not tax deductible? 85 50 (CQ)(Q) (3) organization make only in-house lobbying expenditures of \$2,000 or less? 85 bid in Yes, and service of the propriets of the	<u>Par</u>	<u>t VI</u>	Other	Information (See Instru	uctions)						Yes	No
77 Were any changes made in the organization go governing documents but not reported to the IRS2 18 ab latch a conformed copy of the changes 18 ab latch a conformed copy of the changes 18 ab latch a conformed copy of the changes 18 ab latch a conformed copy of the changes 18 ab latch a conformed copy of the changes 18 ab latch a conformed copy of the changes 18 ab latch a conformed copy of the changes 18 ab latch and a return on Form 990-T for this year? 19 Was there a liquidation, descolution, termination, or substantial contraction during the year? If Yes, a fatch a statement 29 ab I the reganization related (but the by association with a statewide or nationwide organization?) 29 but the organization related (but organization? 20 but the organization in the organization? 20 but the organization in the Form 1122-Pot. for this year? 20 a but the organization in the Form 1122-Pot. for this year? 21 abd the organization in the Form 1122-Pot. for this year? 22 a but the organization or enply with the public inspection requirements for returns and exemption applications? 22 a but the organization comply with the disclosure requirements after the policy of the organization or poly with the disclosure requirements relating to quild pro quo contributions? 23 but the organization ormply with the disclosure requirements relating to quild pro quo contributions or grifts were not lax deductible? 24 but the organization ormply with the disclosure requirements relating to quild pro quo contributions or grifts were not lax deductible? 35 but the organization ormply with the disclosure requirements relating to quild pro quo contributions or grifts were not lax deductible? 35 but the organization ormply with the disclosure requirements relating to quild pro quo contributions or grifts were not lax deductible? 35 but the organization ormply with the disclosure requirements relating to quild pro quo contributions or grifts were not lax deductible? 35 but the organization ormply with the disclosure requirements relating to quild	76	Did th	e organ n a deta	zation engage in any actived description of each act	nty not previously repo ivity	rted to the IRS7 If	Yes,'			76		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a	77	Were	any cha	nges made in the organizi	ng or governing docum	ents but not reporte	ed to the IF	RS?		77		X
bill Yes, has it filled a tax return on Form 990-T for this year? 9 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, attach a statement 90 at site organization, dissolution, termination, or substantial contraction during the year? If Yes, station a statement 90 at site organization related (other than by association with a statemed or nationwide organization?) through common discolution, overning bodies, incisees, officers, etc. to any other exempt or nonexempt organization? 91 bill Yes, fener the name of the organization? 92 a Did the organization file form 1120-POL for this year? 92 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than for rential value? 92 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than for rential value? 93 bill Yes, you may indicate the value of these items here. Do not include this amount as revenue in Part II or as an expense in Part II (See instructions in Part III) (See Instructions or Part III) (If 'Ye:	s,' attac	a conformed copy of the	changes							
79 Was there a figuidation, dissolution, termination, or substantial contraction during the year? If "Yes," altach a statement when the year is "year is "Yes," and the termination of the year is "year" and check whether it is good programation? If year is "year" and check whether it is good programation? If year is "year" and check whether it is good programation? If year is "year" and check whether it is good programation? If year is year is "year" and check whether it is good programation? If year is year is year in the year of the organization for the year? 81a Enter direct or indirect political expenditures See line 81 instructions but the organization for the year? 81a Enter direct or indirect political expenditures See line 81 instructions but the organization of the year of the year? 81a Did the organization feel or these items here Do not include this amount as year year year. 81a Did the organization comply with the disclosure requirements for returns and exemption applications? 81a Did the organization comply with the disclosure requirements returns and exemption applications? 81b If "Yes," you may indicate the value of these items here. Do not include this amount as \$82b but the organization comply with the disclosure requirements returns and exemption applications? 81a Did the organization comply with the disclosure requirements returns and exemption applications? 81b If "Yes," you may indicate the value of these is the individual of the organization of year year year year year year year year	78 a	Did th	e organ	zation have unrelated bus	iness gross income of	\$1,000 or more duri	ing the yea	ar cove	red by this return?	78 a		X
Yes, data a statement Yes,	t	if 'Ye	s,' has i	filed a tax return on Form	990-T for this year?					78b		X
80 a is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, fusiless, effices, etc. to any other exempt or nonexempt organization? 81 a Enter direct or indirect political expenditures. See line 81 instructions. 82 a Did the organization file Form 1123-POL for this year? 82 a Did the organization of the Form 1124-POL for this year? 82 a Did the organization in the sequence donated services or the use of materials, equipment, or faculties at no charge or at substantially less than fair rental value? 83 bit 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) 83 a Did the organization comply with the disclosive requirements relating to quid price quo contributions? 83 bit 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 III (See instructions in Part III) 83 a Did the organization comply with the disclosive requirements relating to quid price quo contributions? 83 bit Yes, you may indicate the value of these items here not tax deductible? 84 bit Yes, you may indicate the value of the services requirements relating to quid price quo contributions? 85 bit of the organization solicit any contributions or gifts that were not tax deductible? 85 bit of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 bit of the organization method with every solicitation an express statement that such contributions or gifts were not be diductible. 85 bit (Yes) was answered to either 85 or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prory year. 85 bit organization elect to pay the section 6033(e) (t)(A) dues notices. 85 consideration of the prory year. 85 bit (Year) organization elect to pay the section 603	79				nination, or substantial	contraction during	the)	<u> </u>	
membershp, governing bodies, fustees, offices, etc, to any other exempt or nonexempt organization? 80 bit "Yes; nettler the name of the organization and check whether it is seempt or nonexempt of the organization of the organization network of the organization of the organization network of the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 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? 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83 bit "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). 84 bit "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). 85 bit (See instructions in Part III). 86 bit (See instructions in Part III). 87 bit (See organization or orgits that were not fair deductible? 88 bit (See instructions in Part III). 88 bit (See instructions in Part III). 89 bit (See instructions in Part III). 80 bit (See instructions in Part III). 80 bit (See instructions in Part III). 81 bit (See instructions in Part III). 81 bit (See instructions in Part III). 82 bit (See instructions). 83 bit (See instructions). 84 bit (See instructions). 85 bit (See). 86 bit		year?	If 'Yes,	attach a statement						79		Χ,
and check whether it is severn to inclined expenditures. See line 81 instructions b Did the organization file Form 1120-POL for this year? 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? 82 b If Yes; you may indicate the value of these items here. Do not include this amount as reverties in Part 1 or as an expense in Part 1 if (See instructions in Part 1) 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? b Did the organization on comply with the disclosure requirements relating to quid pro quo contributions? 84 Did the organization on clude with every solicitation an express statement that such contributions or gifts were not tax deductible? bit Yes; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 55 501c(x)4 (5) or (6) organizations a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If Yes' was answered to either 85a or 55b, do not complete 95c through 85h below unless the organization received a warver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members of \$85c		memt	ership,	governing bodies, trustees	, officers, etc., to any o	itewide or nationwid ther exempt or non-	de organiza exempt org	ation) ganiza	through common tion?	80 a		×
81 a Enter direct or indirect political expenditures. See line 81 instructions 6 Did the organization file Form 1120-POL for this year? 82 a Did the organization receive donaled services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82 a Did the organization receive donaled services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83 b Did the organization solicit any contributions or gifts that were not tax deductible? 84 a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85 b N/A 86 if Taxable amount of section 6033(e)(1)(A) dues notices 85 d N/A 85 d Section 162(e) lobbying and political expenditures 86 d N/A 87 f Taxable amount of lobbying and political expenditures (line 85d less 85e) 88 d N/A 89 b Gross receipts, included on line 12, for public use of club facilities 80 for organizations from other sources (Do not net amounts for the reductives (line 85d less 85e) 87 g Did yorganizations Enter a foress income from members or shareholders 88 d N/A 89 b Did(2)(2) organizations Enter a Gross income from members or shareholders 89 b N/A 80 b Gross receipts, included on line 12, for public use of club facilities 80 g Did yorganizations Enter a foress income from members or shareholders 80 g Did yorganizations Enter a foress income from members or shareholders 80 g Did yorganizations Enter a foress inc		,	3, C.II.C.	the hame of the organizati		and check whether	it is The	empt	or nonexempt	İ		
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g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? h if section 6033(eX1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeducible lobbying and political expenditures for the following tax year? 85 b (501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities 87 b (501(c)(12) organizations Enter a Gross income from members or shareholders 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 7701-37 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 7701-37 89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 \(\times\) N/A, section 4912 \(\times\) N/A, section 4955 \(\times\) N/A b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it become ware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaning each transaction c Enter Amount of tax imposed on the organization managers or disqualified persons during the year and of the companization from a prior year? If 'Yes,' attach a statement explaning each transaction c Enter Amount of tax imposed on the organization managers or disqualified persons during the year and of the companization from a prior year? If 'Yes,' attach a statement explaning each transaction c Enter Amount of tax imposed on the organization managers or disqualified persons during the year of did it becomes after the fill of the pr	е	Aggre	gate no	ideductible amount of sect	ion 6033(e)(1)(A) dues	notices	1	85 e		- 1	ľ	4
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dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85 \$01(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86 \$01(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86 \$01(c)(7) organizations Enter a Gross income from members or shareholders 87 \$01(c)(12) organizations Enter a Gross income from members or shareholders 87 \$01(c)(12) organizations Enter a Gross income from members or shareholders 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? 89 \$01(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 \(^{1}\) N/A, section 4912 \(^{1}\) N/A, section 4955 \(^{1}\) N/A b \$01(c)(3) and \$01(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,' altach a statement explanning each transaction c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 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* \(^{1}\) OKLAHOMA b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 91 The books are in care of \(^{1}\) ORGANIZATION Telephone number \(^{1}\) (405) 232-5121 Located at \(^{1}\) 204 NORTH ROBINSON, STE 1404 OKLAHOMA CITY OK 2IP + 4 \(^{1}\) 73102 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	6	Does	the orga	nization elect to pay the si	ection 6033(e) tax on t	ne amount on line 8	35f?			85 g	_N//	<u> </u>
b Gross receipts, included on line 12, for public use of club facilities. 86 b N/A 87 501(c)(12) organizations Enter a Gross income from members or shareholders 87 a 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) 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? 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 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 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 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* 0 KLAHOMA b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 90 b 13 Telephone number (405) 232-5121 Located at 204 NORTH ROBINSON, STE 1404 OKLAHOMA CITY OK 2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -Check here	f	if section dues all	on 6033(e) locable to	 (A) dues notices were sent, does condeductible lobbying and politic 	es the organization agree to a al expenditures for the follow	dd the amount on line 85 ng tax year?	if to its reasor	nable es	limate of	85 h	N/	<u> </u>
b Gross receipts, included on line 12, for public use of club facilities. 86 b N/A 87 501(c)(12) organizations Enter a Gross income from members or shareholders BGross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 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? 16 'Yes,' complete Part IX 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 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,' allach a statement explaining each transaction c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 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 \(^1\) OKLAHOMA b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 91 The books are in care of \(^1\) ORGANIZATION Telephone number \(^1\) (405) 232-5121 Located at \(^1\) 204 NORTH ROBINSON, STE 1404 OKLAHOMA CITY OK ZIP + 4 \(^1\) 73102	86	501(c)	(7) orga	nizations Enter a Initiati	on fees and capital coi	ntributions included	on				٠.	***
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? 88 If 'Yes,' complete Part IX 89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► N/A is section 4912 ► N/A is section 4955 ► N/A 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. c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 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 NLAHOMA b Number of employees employed in the pay period that includes March 12, 2002 (See instructions). 90 b 13 The books are in care of P ORGANIZATION Telephone number P (405) 232-5121 Located at P 204 NORTH ROBINSON, STE 1404 OKLAHOMA CITY OK ZIP + 4 P 73102 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -Check here			_				}	$\overline{}$			~	ا هو:
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? 88			•	•]			-	`	٠
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section 4911 N/A , section 4912 N/A , section 4955 N/A 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. c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 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 filled OKLAHOMA b Number of employees employed in the pay period that includes March 12, 2002 (See instructions). 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	89 a				of tax imposed on the o	rganization during	the vear in	nder				
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 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 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 b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 90 b 13 91 The books are in care of * ORGANIZATION Telephone number (405) 232-5121 Located at * 204 NORTH ROBINSON, STE 1404 OKLAHOMA CITY OK 2IP + 4 * 73102 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -Check here						-	-		N/ <i>A</i>	$ \cdot $	l	l
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90 a List the states with which a copy of this return is filed ► OKLAHOMA b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 91 The books are in care of ► ORGANIZATION	d	-		•		anization			>		_	
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) 91 The books are in care of > ORGANIZATION Telephone number > (405) 232-5121 Located at > 204 NORTH ROBINSON, STE 1404 OKLAHOMA CITY OK 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -Check here								_				<u> </u>
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	b	Numb	er of en	ployees employed in the p	ay period that includes	March 12, 2002 (S		ions)		90Ы		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -Check here										5121		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -Check here		Located	at ► 2	4 NORTH ROBINSON	, STE 1404 OK	LAHOMA CITY	0K	-	ZIP + 4 ► 7310	2		
and enter the amount of tax exempt interest received or accrued during the tax year		Section	on 4947	a)(1) nonexempt charitable	e trusts filing Form 990	in lieu of Form 104	77 -Check h	nere			•	- □
		and e	nter the	amount of tax exempt inte	rest received or accrue	d during the tax yes	ar		▶ 92			

73-1579654

<u> </u>	Transports of miconic i roduct			/		
Note: Ente	er gross amounts unless indicated	(A) Business code	(B) Amount	Excluded by s (C) Exclusion code	ection 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Pro	ogram service revenue					
a					<u>[</u>	
b						
c						
d						
e						
f Me	dicare/Medicaid payments					
g Fee	s & contracts from government agencies			<u> </u>		
94 Me	mbership dues and assessments			<u> </u>		
95 Inte	erest on savings & temporary cash invmnts					
96 Div	vidends & interest from securities		·····	<u></u>		
	rental income or (loss) from real estate					
	bt-financed property			<u> </u>		
	t debt-financed property			 		
	rental income or (loss) from pers prop			ļ		
	ner investment income		·	 		
oth	in or (loss) from sales of assets her than inventory					
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory			 		
103 Off	ner revenue a			 -		
ь С				 -		
۲ <u> </u>				 		
~					-	
104 Sub	total (add columns (B), (D), and (E))		·			
	tal (add line 104, columns (B), (D), a	ind (E))		<u> </u>		
	105 plus line 1d, Part I, should equ	• • •	line 12. Part I		- -	
	Relationship of Activities to			empt Purpos	es (See instructions.)	
Line No.						
▼	Explain how each activity for which of the organization's exempt purpo	ses (other than b	y providing funds	for such purpose	es)	accomplishment
	 	 ·		<u>-</u>	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		• •		
					<u> </u>	·· ·
Part IX	Information Regarding Tax	able Subsidiai	ries and Disrec	arded Entitie	S (See instructions)	N/A
I altin	(A)			;)	(D)	(E)
		1	, ,	"	_	
	, address, and EIN of corporation, rinership, or disregarded entity	Percentage of ownership interest	Nature of	activities	Total income	End-of-year assets
par	Thership, or disregarded entity	Which ship interest			income	455015
		1 - 2	<u> </u>			· ·
		 				
Part X	Information Regarding Trai			anal Reposit (Contracts (See instru	etions \
						
	e organization, during the year, receive any fui	•		•		Yes X No
	he organization, during the year, pay			i a personai ben	ent contract,	Yes X No
Note: /	if 'Yes' to (b), file/form 8870 and Fo					· · · · · · · · · · · · · · · · · · ·
	Under penalties of beijury I declare that I have true correct and complete Declaration of pre	parer other than office	including accompanying r) is based on all informa	schedules and staten ation of which prepare	ients and to the best of my kno rhas any knowledge	owledge and belief, it is
Please	-X 1/exxus	L Dean	_		110-10-03	
Sign	Signature of officer				Date	
Here	► DIRECTOR					
	Type or print name and title					·
	61.0000	10.000		Date	Check if Prepare	er's SSN or PTIN (see
Paid	Preparer's signature	CPA		09/22/03	35" . L. I DAA	Instruction W)
Pre-	70000	IL O ACCOC	TATEC CDAI-		employed XIIPUU	112103
parer's	Firm's name (or WEDEL RAHI			, PLC		30
Use	Iself employed) ► 5901 N WES		301		EIN ► 73-150259	
Only	address and OKLAHOMA C	.11Y	<u>0K_73</u>	118	Phone no ► (405)	<u>842-3662</u>

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions)

2002

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

OKC NATIONAL MEMORIAL INSTITUTE F	OR THE	PREVENTION	0F	TERRORISM	73-1579654	(14411474)
Part I Compensation of the Five High (See instructions List each one If ther	est Paid	Employees C				Trustees
(a) Name and address of each employee paid more than \$50,000	``}	Title and average nours per week voted 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	115,150	10,576	
BRIAN K HOUGHTON						
1217 COPPERFIELD DR EDMOND, OK 73034	DIRECT	OR-RESEARCH	40	92,646	9,135	
KENNETH G THOMPSON						
10413 BISHOP GATE OKC, OK 73162	DIRECTOR	-EXTERNAL AFFAIR	s 40	86,529	8,523)
JAMES_M_GASS						
1808 DOVE COURT EDMOND, OK 73034	SPECIAL	PROJ OFFICE	₹ 40	72,713	5,690	
CHARLES B ROBISON						
1303 CARLISLE COURT OKC, OK 73120	LIBRAR	Y DIRECTOR	40	58,608	5,809	
Total number of other employees paid over \$50,000		N	one	,	<u> </u>	y : 1 + 4/ .
Part II Compensation of the Five High (See instructions List each one (whether	est Paid er individu	Independent als or firms) If the	Con ere a	tractors for Profee none, enter 'None	fessional Service ')	ces
(a) Name and address of each independent conti	ractor paid	I more than \$50,0	00	(b) Type (of service	(c) Compensation
NONE FOR YEAR 2002						
	· 					
						
Total number of others receiving over \$50,000 for professional services		N	one			

Sch	edule	A (Form 990 or 990 EZ) 2002 OKC NAT	ONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM 73-1579654		P	age
Pa	t III	Statements About Activities (S	ee instructions)		Yes	No
1	to ı	nfluence public opinion on a legislative mat	d to influence national, state, or local legislation, including any attempt ter or referendum? If 'Yes,' enter the total expenses paid			
		ncurred in connection with the lobbying acti		.		V
	•	ist equal amounts on line 38, Part VI A, or	· · · · · · · · · · · · · · · · · · ·	1		<u> </u>
	org	anizations that made an election under sec anizations checking 'Yes,' must complete P bying activities	tion 501(h) by filing Form 5768 must complete Part VI-A. Other art VI-B AND attach a statement giving a detailed description of the			
2	sub tax	stäntial contributors, trustees, directors, offi able organization with which any such perso	rectly or indirectly, engaged in any of the following acts with any cers, creators, key employees, or members of their families, or with any in is affiliated as an officer, director, trustee, majority owner, or principal Yes, attach a detailed statement explaining the transactions)			
ā	Sal	e, exchange, or leasing of property?	<u> </u>	2a	\Box	Χ
i	Ler	ding of money or other extension of credit?		2Ь	\dashv	х
ď	: Fur	nishing of goods, services, or facilities?		2c	\longrightarrow	X
c	l Pay	ment of compensation (or payment or reim	bursement of expenses if more than \$1,000)?	2d		_X_
•	Tra	nsfer of any part of its income or assets?		2e		<u> </u>
		s the organization make grants for scholars	hips, fellowships, student loans, etc? (See Note below)	3 4	\dashv	X
Note	· Att	•	ation determines that individuals or organizations receiving	. ,		
Par						
 The	orga	nization is not a private foundation because	it is (Please check only ONE applicable box)			
5	\cap	A church, convention of churches, or assoc	nation of churches Section 170(b)(1)(A)(i)			
6	П	A school Section 170(b)(1)(A)(ii) (Also coil	mplete Part V)			
7	П	A hospital or a cooperative hospital service				
8	H	A Federal, state, or local government or go				
9	H	-	n conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's i	name	. city.	
_		and state ►			,,	
10		An organization operated for the benefit of (Also complete the Support Schedule in Pa	a college or university owned or operated by a governmental unit. Section 1 art (V.A.)	70(b)(1)(A	ı)(ıv)
11 a	X	An organization that normally receives a su Section 170(b)(1)(A)(vi) (Also complete the	bstantial part of its support from a governmental unit or from the general pue Support Schedule in Part IV A)	plic		
11 £		A community trust Section 170(b)(1)(A)(vi)	(Also complete the Support Schedule in Part IV A)			
12		from activities related to its charitable, etc., from cross investment income and unrelate	more than 33-1/3% of its support from contributions, membership fees, and functions—subject to certain exceptions, and (2) no more than 33-1/3% of its business taxable income (less section 511 tax) from businesses acquired on 509(a)(2)—(Also complete the Support Schedule in Part IV-A)	ls su	troag	npts
13		An organization that is not controlled by an described in (1) lines 5 through 12 above, section 509(a)(3))	y disqualified persons (other than foundation managers) and supports organ or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2)	uzatı (Se	ons e	
		Provide the follow	ving information about the supported organizations. (See instructions.)			_
		(a) Na	ime(s) of supported organization(s) (b)		e num	
					2001	<u> </u>
						
14		An organization organized and operated to	test for public safety Section 509(a)(4) (See instructions.)			

73-1579654 Schedule A (Form 990 or 990-EZ) 2002 OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM Page 3 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 (e) Total Calendar year (or fiscal year (a) 2001 (c) 1999 (d) 1998 beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) 49,185 15.148.963 15, 198, 148 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed. or furnishing of facilities in any activity that is related to the organization's 30,656 30,656 charitable, etc. purpose 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 organ ization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets 49.185 15, 179, 619 15,228,804 Total of lines 15 through 22 15, 198, 148 49, 185 15, 148, 963 24 Line 23 minus line 17 492 Party to a Right 1 18 151,796 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a 303.963 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your 26 b return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test Enter line 24, column (e) Þ 26¢ 15, 198, 148 d Add Amounts from column (e) for lines 26 d 26 e 198,148 e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 261 100 00 % 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) (2001) bFor 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 c Add Amounts from column (e) for lines 15

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

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

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Par	TV 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?	29		
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?	30		
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?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	\vdash	
E	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
C	Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	 	
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			, ,
		1	,	, '
33	Does the organization discriminate by race in any way with respect to	-	, 4 n	*1
a	Students' rights or privileges?	33 a		
t	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33 c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e	 	<u> </u>
	Use of facilities?	331		
ç	a Athletic programs?	33 g		
ł	Other extracurricular activities?	33 h	 	-
	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?	34 a		
b	Has the organization's right to such aid ever been revoked or suspended?	34 b	_	
	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	35		

	t VI-A Lobbying E	xpenditures by Ele led ONLY by an eligible	cting Public Chari	ties (See instru			13-	12/3			
Cher	_ 	zation belongs to an af			u check	ed 'a' and	'lımıteı	1 conti	N/A rol' provisions apply		
One	L	Limits on Lobbying n 'expenditures' means	Expenditures		o oriodik	Affiliati	(a)		(b) To be completed for ALL electing organizations		
36	Total lobbying expendit	ures to influence public	opinion (grassroots lo	bbying)	36				o garren		
37	Total lobbying expendit	·	· · · · · · · · · · · · · · · · · · ·	* *	37						
38	Total lobbying expendit	ures (add lines 36 and	37).		38						
39	Other exempt purpose	expenditures			39						
40	Total exempt purpose 6										
41	Lobbying nontaxable ar	mount. Enter the amoun	nt from the following tal	ble –							
	If the amount on line 4			Ì							
	Not over \$500,000	20%	of the amount on line	40	1 1						
	Over \$500,000 but not over \$1										
	Over \$1,000,000 but not over !	\$1,500,000 \$175,	000 plus 10% of the excess o	over \$1,000,000 📙	41						
	Over \$1,500,000 but not over :	\$17,000,000 \$225,	000 plus 5% of the excess ov	er \$1,500,000	1 1			[
	Over \$17,000,000	\$1,0	000,000		<u> </u>						
42	Grassroots nontaxable				42						
43	Subtract line 42 from lin	ne 36 Enter 0- if line 4	2 is more than line 36		43						
44	Subtract line 41 from lii				44						
	Caution: If there is an	amount on either line 4	3 or line 44, you must t	ile Form 4720							
	(Some orga	nizations that made a s	Averaging Period ection 501(h) election for lies the instructions for lies	do not have to d	omplete		five co	olumns	s below		
	Lobbying Expenditures Dunng 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001	(c) 2000		(d) 1999			(e) Total		
45	Lobbying nontaxable amount		·								
46	Lobbying ceiling amount (150% of line 45(e))	,		<u> </u>		<u> </u>					
47	Total lobbying expenditures										
48	Grassroots non taxable amount							-			
49	Grassroots ceiling amount (150% of line 48(e))							<i>,</i>			
	Grassroots lobbying expenditures	- A'- 'A A1 A1	D. I.C - Ot - M	<u>. </u>		<u> </u>					
	(For reporting of	ctivity by Nonelectonly by organizations the	at did not complete Pai	rt VI A) (See ins			, , , , ,		N/A		
Durir atter	ng the year, did the orga mpt to influence public o	nization attempt to influ pinion on a legislative m	ence national, state or natter or referendum, th	local legislation rough the use o	i, includi of	ng any	Yes	No	Amount		
_	Volunteers						<u> </u>]		
	Paid staff or manageme	ent (Include compensati	on in expenses reporte	d on lines c thre	ough h)	L	<u> </u>	<u> </u> .			
	Media advertisements										
	Mailings to members, to	_						\longrightarrow			
	Publications, or publish										
	Grants to other organiz					ı					
_	Direct contact with legislators, their staffs, government officials, or a legislative body										
	Railies, demonstrations, seminars, conventions, speeches, lectures, or any other means.										
- 1	Total lobbying expendit	_	•	alamana tanan at ta	_ 1-1 -		<u> </u>				
DAA	If 'Yes' to any of the ab	ove, also attach a state	ment giving a detailed	description of th	ie lobby			A /Ec-	m 990 or 990 E7) 2002		

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

	Exempt Organization	Uns (See ii	istructions)					
					ing with any other organization descri ting to political organizations?	bed in sect		
a Trans	ifers from the reporting o	rganization	to a noncharitable	e exempt organizati	on of		Yes	
(i) C						51 a (i)		<u>X</u> _
(ii)O	ther assets					a (ii)		<u>X</u> _
b Other	transactions					1	, ,	
(i) S	ales or exchanges of ass	ets with a n	oncharitable exei	mpt organization		b (i)		Χ_
(ii)P	urchases of assets from a	a noncharita	ible exempt organ	nization		p (ii)		X
(iu)R	ental of facilities, equipm	ent, or othe	r assets			b (iri)		Χ
(iv)R	eimbursement arrangeme	ents				b (iv)		<u>X</u> _
(v)Lo	oans or loan guarantees					b (v)		X
(vi)Pi	erformance of services of	r membersh	p or fundraising	solicitations		b (vi)		X
c Sharir	ng of facilities, equipmen	t, mailing lis	its, other assets,	or paid employees		С		X
d If the	answer to any of the abo	ve is 'Yes,'	complete the foll	owing schedule Co	lumn (b) should always show the fair	market val	ue of	
the go	oods, other assets, or ser ansaction or sharing arra	vices given ingement, s	by the reporting how in column (d	organization if the) the value of the g	lumn (b) should always show the fair organization received less than fair n oods, other assets, or services receiv	iarket value ed	וו	
(a) Line no	(b) Amount involved	{	(c)	empt organization	(d) Description of transfers, transactions, an			
		<u> </u>					<u> </u>	
		 			 			
		 						
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	<u> </u>	ļ. —			ļ <u></u>			
					·			
					<u></u>			
				·	 			
	<u> </u>	L			<u> </u>			
	organization directly or in the din section 501(c) of the s,' complete the following		liated with, or rel ther than section	ated to, one or mor 501(c)(3)) or in sec	e tax-exempt organizations tion 527?	► [] Ye	s 🛚	No
	(a) Name of organization		Type of c	(b) organization	(c) Description of relation	onship		
_								
								
								
					<u> </u>			
								
				·i				
			_ 					
								
								
					 			

Form 990 Line 8(A) and 8(B) Statement

Schedule of Gains and Losses from Sale of Assets Other than Inventory

2002

► Attach to return

Name OKC NATIONAL MEMO	RIAL I	<u>NSTITUTE</u>	FOR TH	E PREVEI	NTION	1 OF	TERROR	ISM	Employ 73 - 15		entification Number	
Part I, Line 8, Colum	ın (A)		-	Secur	ities	•			•			
Public Securities			-	•	•	,						
Descri	ption			Gross Sales Pric	e .				Ва	SIS		
Publicly Traded Securities			_	7,€	81	Cos	st Iling Expe					
	_					Ba					7,333	
Nonpublic Securitie	S											
Description	_	Date Acc and Me		Date and to	Sold Whor	m	1	oss s Price		FMV	, other basis or when donated e which on top)	
	-					- 						
										· – –		
			 -			- -						
Total Securities								7 <u>,68</u> 1			7,333	
Gain or (Loss) from S	ale of Se	curities				<u></u>			-		348	
Part I, Line 8, Colum	n (B)			Other A	sset	s						
Description	ı	Acquired Method		Sold Whom	Sa					Cost, other basis or MV when donated		
	-	. 						Basis	eciation tion FN			
			-					Basis	eciation tion FN			
								Cost Depre Basis	eciation	1		
								Cost Depre Basis	ciation	1		
Total Other Assets												
Gain or (Loss) from Sa	ale of Ot	her Assets		<u>-</u>	_						······································	

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	128,037	128,037	0	0
BOOKS/SUBSCRIPTIONS	42,241	0	42,241	0
ADVERTISING	4,352	Ö	4,352	0
OTHER CHARGES	23,413	0	23,413	0
Total _	198,043	128,037	70,006	0

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	2,596	0
Total	2,596	0

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	0	0_	0
PO BOX 30130 EDMOND, OK 73003 EDWIN G CORR	BOARD MEMBER 2	0	0	0
NORMAN, OK 73019 DEBBY GOODMAN	BOARD MEMBER 2	0	0	0
4709 SEABROOK CT OKC, OK 73142 CHERYL VAUGHT	SECRETARY 2	0	0	0_
50 PENN PLACE, STE 1300 0KC, 0K 73118	BOARD VICE CHAIR 2	0	0	0

Total

^	Δ.	^
U	IJ	U

Supporting Statement of:

Gain or Loss Statement/Public sales price

Description	Amount
124sh US BANCORP DELAWARE 250sh NORFOLK SOUTHERN CORP	2,944 4,737
Total	7,681

Supporting Statement of:

Gain or Loss Statement/Public basis amount

Description	Amount
124sh US BANCORP DEL 250sh NORFOLK SOUTHERN CORP	2,596 4,737
Total	7,333

OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM FEIN 73-1579654

For the report year ended December 31, 2002

FORM 990, PAGE 2, PART II, Line 22, Column (B)).

Grants and allocations

Terrorism Research Center PMB 331	\$ 3,032 95
5765-F Burke Parkway Burke, VA 22015	
Terrorism Research Center PMB 331	71,894 08
5765-F Burke Parkway Burke, VA 22015	
Hicks & Associates, Inc 1710 SAIC Drive Suite 1300 McLean, VA 22102	759,980 60
PlasmaSol Corp 614 River Street Hoboken, NJ 07030	455,000 00
The University of Oklahoma Health Sciences Center Grants and Contracts Accounting 1100 N Lindsay	529,441 42
SCB Room 228 Oklahoma City, OK 73190-2010	
OSU Education and Research Foundation 402 Whitehurst Stillwater, OK 74078-1031	1,133,125 00
University of Oklahoma Norman Campus Post Award Financial Services 660 Perrington Oval Room 324 Norman, OK 73019	475,776 08
OSU Education and Research Foundation 402 Whitehurst Stillwater, OK 74078-1031	764,264 77
CBACI 1747 Pennsylvania Avenue, NW 7th Floor	195,199 25
Washington, DC 20006	
The University of Rhode Island	24,385 75

Office of Grant and Contract Accounting 70 Lower College Road Suite 1 Kingston, RI 02881-2129

Kingston, RI 02881-2129	
University of Alabama at Birmingham Grants and Contracts Accounting 990 Administration Building 701 20th Street South Birmingham, AL 35294-0109	306,780 22
The University of Tulsa 600 South College Avenue Tulsa, OK 74104-3189	142,272 34
The RAND Corporation 1700 Main Street Santa Monica, CA 90407~2138	536,127.15
The University of Oklahoma Health Sciences Center Grants and Contracts Accounting 1100 N Lindsay SCB Rom 228 Oklahoma City, OK 73190-2010	660,700 82
The University of Rhode Island Office of Grant and Contract Accounting 70 Lower College Road Suite 1 Kingston, RI 02881-2129	41,181 38
DESC, Inc 2500 S. Broadway Suite 106 Edmond, OK 73013	31,039 00
Barry Kelman DePaul University College of Law 25 E Jackson Blvd 9th Floor Chicago, IL 60604	53,808 67
Miscellaneous	5 52
TOTAL TO FORM 990	\$ 6,184,015 00

Application for Extension of Time to File an **Exempt Organization Return**

OMB No 1545 1709

Department of the Treasury

Internal Revenue Service

BAA For Paperwork Reduction Act Notice, see instructions

File a separate application for each return

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed) Note Form 990-T corporations requesting an automatic 6 month extension —check this box and complete Part I only All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041 Employer identification number Name of Exempt Organization Type or print File by the 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 due date for 204 NORTH ROBINSON, #1404 filing your return See City town or post office. For a foreign address, see instructions state ZIP code instructions OKLAHOMA CITY 0K 73102 Check type of return to be filed (file a separate application for each return) Form 990-T (corporation) Form 4720 Form 990 Form 990-BL Form 990-T (Section 401(a) or 408(a) trust) Form 5227 Form 990-T (trust other than above) Form 990 EZ Form 6069 Form 990-PF Form 1041-A Form 8870 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box > If it is for part of the group, check this box > If and attach a list with the names and EINs of all members the extension will cover 1 I request an automatic 3 month (6-month, for 990-T corporation) extension of time until Aug 15 , 20 03 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 20 02 or , 20 ____, and ending tax year beginning Final return If this tax year is for less than 12 months, check reason Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Form 990-PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification 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, and that I am authorized to prepare this form

FIFZ0501 07/25/02

Form 85) OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION O			age 2
If yo	or an Additional (not automatic) 3-Month Extension, complete only	Part II and check this	s box	. 🛛
Form	complete Part II if you have already been granted an automatic 3-month ext n 8868	·	sly filed	
	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1			
Part II	Additional (not automatic) 3-Month Extension of Time — Mus	st File Original a	Employer Identification number	
Type or print	OKC NATIONAL MEMORIAL INSTITUTE FOR THE PREVENTION OF TERRORISM Number, street, and room or suite number if a P O box, see instructions		73-1579654 For IRS Use Only	
File by the extended due date for			TOT INS USE Only	
filing the return See	204 NORTH ROBINSON, #1404			$\widetilde{\mathcal{X}}$
instructions	City town or post office, state, and ZIP code. For a foreign address, see instructions OKLAHOMA CITY OK 73102			
	of return to be filed (file a separate application for each return)	_		
X Form 99		Form 1041 A Form 4720	Form 5227 Form 8	870
Stop: Do no	ot complete Part II if you were not already granted an automatic 3-month exte	nsion on a previous	sly filed Form 8868	
	ganization does not have an office or place of business in the United States, of		-	
	s for a Group Return, enter the organizations four digit Group Exemption Numl		If this is for th	1e
-		and attach a list wit	th the names and EINs of all	
	ne extension is for			
•	iest an additional 3-month extension of time until Nov 17 , 20 (_		
	alendar year 2002 , or other tax year beginning , 20	and ending	, 20	
	tax year is for less than 12 months, check reason Initial return In detail why you need the extension Initial return Efforts have	Final return	Change in accounting period	
	<pre>in detail why you need the extension Diligent efforts have ormation necessary to file a complete and accura</pre>			·
	orts have proven successful to a point; however,			
8a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta fundable credits. See instructions	tive tax, less any	\$	0
b If this paym Form	application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable crents made. Include any prior year overpayment allowed as a credit and any ar 8868.	edits and estimated nount paid previousl	tax ly with \$	0.
c Balar FTD c	ice due. Subtract line 8b from line 8a. Include your payment with this form, or, coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	if required, deposit m) See instructions	with \$	0
1	Signature and Verificatio	n		
correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statement implete, and that I am authorized to prepare this form	ts, and to the best of my lu	nowledge and belief, it is true,	
Signature -	ALL CRUY CPA TITLE - CPA	 	Date - 8/14/03	
\leftarrow	Notice to Applicant – To be Complete	•		
Ŭ We h	have approved this application. Please attach this form to the organization's reliave not approved this application. However, we have granted a 10-day grace.	period from the later	of the date shown below or the	
elect	date of the organization's return (including any prior extensions). This grace perions otherwise required to be made on a timely filed return. Please attach this	form to the organiza	ation's return	
time	to file. We are not granting a 10-day grace period.	_	•	
Othe	cannot consider this application because it was filed after the due date of the r	eturn for which an e	xtension was regiles self APPR	OVET
	Ву		SEP 0 3 2003	
Director			Living Oaks GWAPT FIELD DIR	
Alternate fi	Mailing Address — Enter the address if you want the copy of this application for ferent than the one entered above	r an additional 3-mo	onth extension returned to apply ,	ระบากก ของแล
- 	Name		·· ···	_
Type or				
print	5901 N WESTERN, SUITE 301			
	City or town, province or state, and country (including postal or ZIP code)			
	OKLAHOMA CITY		OK 73118	
BAA	FIFZ0502 10/04/02		Form 8868 (Rev 12-2	(000)