

**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)

**2005**

**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 2005 calendar year, or tax year beginning** , 2005, and ending , 20

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>OK INSTITUTE FOR CHILD ADVOCACY</b>		D Employer identification number <b>73-1192768</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>420 NW 13TH STREET</b>	E Telephone number <b>(405) 236-5437</b>	
	City or town, state or country, and ZIP + 4 <b>OKLAHOMA CITY, OK 73103-3735</b>		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).

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 ▶  Yes  No

H(c) Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No

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 Sch B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ **WWW.OICA.ORG**

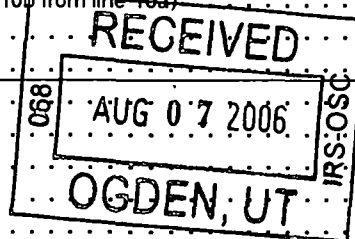
J Organization type (check only one) ▶  501(c) ( 3 ) ◀ (Insert no)  4947(a)(1) or  527

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,138,424**

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	758,584	
	b Indirect public support	1b	1,489	
	c Government contributions (grants)	1c	286,744	
	d Total (add lines 1a through 1c) (cash \$ <u>1,046,817</u> noncash \$ _____)	1d		1,046,817
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
<b>3</b>	Membership dues and assessments	3		
<b>4</b>	Interest on savings and temporary cash investments	4		10,414
<b>5</b>	Dividends and interest from securities	5		
<b>6a</b>	Gross rents	6a		
<b>6b</b>	Less: rental expenses	6b		
<b>6c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
<b>7</b>	Other investment income (describe ▶ _____)	7		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		8a		
<b>8b</b>	Less: cost or other basis and sales expenses	8b		
<b>8c</b>	Gain or (loss) (attach schedule)	8c		
<b>8d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
<b>9a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	81,193	
<b>9b</b>	Less direct expenses other than fundraising expenses	9b	48,809	
<b>9c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		32,384
<b>10a</b>	Gross sales of inventory, less returns and allowances	10a		
<b>10b</b>	Less: cost of goods sold	10b		
<b>10c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b>	Other revenue (from Part VII, line 103)	11		
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,089,615
<b>13</b>	Program services (from line 44, column (B))	13		872,155
<b>14</b>	Management and general (from line 44, column (C))	14		58,140
<b>15</b>	Fundraising (from line 44, column (D))	15		32,063
<b>16</b>	Payments to affiliates (attach schedule)	16		
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	17		962,358
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18		127,257
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19		330,997
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	20		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		458,254



SCANNED AUG 23 2006

EX-108

**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. (See the instructions.)

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 (attach schedule) (cash \$ <u>69,789</u> noncash \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	22 69,789	69,789		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 64,876	56,442	5,190	3,244
26	Other salaries and wages	26 444,492	426,255	6,987	11,250
27	Pension plan contributions	27 14,826	13,816	672	338
28	Other employee benefits	28 51,970	49,186	2,686	98
29	Payroll taxes	29 38,102	35,593	1,535	974
30	Professional fundraising fees	30			
31	Accounting fees	31 5,425	4,800	375	250
32	Legal fees	32			
33	Supplies	33 15,325	14,120	770	435
34	Telephone	34 17,871	17,251	428	192
35	Postage and shipping	35 6,821	5,122	1,413	286
36	Occupancy	36 33,744	32,734	310	700
37	Equipment rental and maintenance	37 11,138	7,365	2,934	839
38	Printing and publications	38 47,572	45,861	213	1,498
39	Travel	39 22,199	22,036	157	6
40	Conferences, conventions, and meetings	40 17,128	15,354	1,443	331
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 16,370		16,370	
43	Other expenses not covered above (itemize):				
a	OTHER	43a 23,598	6,283	11,275	6,040
b	ADVERTISING	43b 478			478
c	CONSULTANTS	43c 47,227	41,056	1,127	5,044
d	DUES & MEMBERSHIPS	43d 2,730		2,730	
e	MARKETING/COMMUNICATIONS	43e 9,062	9,062		
f	SUBSCRIPTIONS	43f 1,615	30	1,525	60
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 962,358	872,155	58,140	32,063

**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** (See the instructions.)

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.

What is the organization's primary exempt purpose? ► **EDUCATION AND SOCIAL SERVICES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)

**a OKLAHOMA KIDS COUNT PARTNERSHIP: PUBLICATION OF KIDS COUNT FACTBOOK, LEADERSHIP CLASSES OFFERED, AND CHILD WATCH VISITATION TOURS**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

146,793

**b TRUST FOR EARLY EDUCATION - PLANNING AND COORDINATION FOR EDUCATIONAL OPPORTUNITIES FOR THREE AND FOUR YEAR OLDS**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

233

**c OKLAHOMA COVERING KIDS & FAMILIES - COLLABORATIVE EFFORT TO IDENTIFY AND ENROLL ELIGIBLE CHILDREN INTO HEALTH COVERAGE**

(Grants and allocations \$ 69,789 ) If this amount includes foreign grants, check here ►

150,421

**d TEEN PREGNANCY PREVENTION - POSTPONIN SEXUAL INVOLVEMENT CURRICULUM, BABY-THINK-IT-OVER TEACHING TOOL AND PARENT EDUCATION AND INVOLVEMENT**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

57,153

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

517,555

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . ►

872,155

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
	45 Cash - non-interest-bearing . . . . .		45		
	46 Savings and temporary cash investments . . . . .	288,101	46	379,168	
	47 a Accounts receivable . . . . .	47a			
	b Less: allowance for doubtful accounts . . . . .	47b		47c	
	48 a Pledges receivable . . . . .	48a			
	b Less: allowance for doubtful accounts . . . . .	48b		48c	
	49 Grants receivable . . . . .	30,705	49	56,480	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
A s s e t s	51 a Other notes and loans receivable (attach schedule) . . . . .	51a			
	b Less: allowance for doubtful accounts . . . . .	51b		51c	
	52 Inventories for sale or use . . . . .		52		
	53 Prepaid expenses and deferred charges . . . . .		64	53	
	54 Investments - securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55 a Investments - land, buildings, and equipment: basis . . . . .	55a			
	b Less: accumulated depreciation (attach schedule) . . . . .	55b		55c	
	56 Investments - other (attach schedule) . . . . .			56	
	57 a Land, buildings, and equipment: basis . . . . .	57a	111,626		
	b Less: accumulated depreciation (attach schedule) . . . . .	57b	78,212		
58 Other assets (describe <input type="checkbox"/> SECURITY DEPOSIT ) . . . . .		20,783	57c	33,414	
		782	58	782	
	59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	340,435	59	469,844	
L i a b i l i t i e s	60 Accounts payable and accrued expenses . . . . .	8,698	60	10,765	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .	740	62	825	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63		
	64 a Tax-exempt bond liabilities (attach schedule) . . . . .		64a		
	b Mortgages and other notes payable (attach schedule) . . . . .		64b		
	65 Other liabilities (describe <input type="checkbox"/> ) . . . . .		65		
	66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	9,438	66	11,590	
N e t A s s e t s o r F u n d B a l a n c e s	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted . . . . .	124,546	67	168,224	
	68 Temporarily restricted . . . . .	206,451	68	290,030	
	69 Permanently restricted . . . . .		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	70 Capital stock, trust principal, or current funds . . . . .		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	330,997	73	458,254	
	74 <b>Total liabilities and net assets / fund balances.</b> Add lines 66 and 73 . . . . .	340,435	74	469,844	





Part VI Other Information (continued)		Yes	No
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
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . .	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	85b N/A	
	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.		
c	Dues, assessments, and similar amounts from members . . . . .	85c	
d	Section 162(e) lobbying and political expenditures . . . . .	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88 N/A	
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
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, 2005 (See instructions.) . . . . .	90b	14
91 a	The books are in care of ▶ ANNE ROBERTS Telephone no. ▶ 405-236-5437 Located at ▶ 420 NW 13TH ST 101 OKC CITY OK ZIP + 4 ▶ 73103		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	91b	X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .	91c	X
	If "Yes," enter the name of the foreign country ▶ _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 92		

**Part VII Analysis of Income-Producing Activities** (See the 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 and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments					10,414
96 Dividends and 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 personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .				32,384	
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)) . . . . .				32,384	10,414
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					42,798

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 the 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)
95	INTEREST EARNED ON TEMPORARILY HELD GRANT FUNDS

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

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

Please Sign Here

Signature of officer: Anne M. Roberts Date: 1/26/06

Type or print name and title: Anne M. Roberts, Executive Director

Paid Preparer's Use Only

Preparer's signature: Carol A. Oliver Date: 07-25-2006 Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: MCGRIFF & OLIVER CPAS, PC EIN: 20-3536165

3240 W BRITTON ROAD #102 Phone no.: 405-748-6205

OKLAHOMA CITY OK 73120

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

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**

OK INSTITUTE FOR CHILD ADVOCACY

Employer identification number

73-1192768

**Part I**

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

(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SHARON RODINE 1909 BROOKHAVEN NORMAN OK	PROJECT DIR.	58,007	1,740	

Total number of other employees paid over \$50,000 ▶

**Part II-A**

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

(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

**Part II-B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services ▶

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> 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 ▶ \$ <u>23,117</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . . Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	<b>1</b>	<b>X</b>
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	<b>X</b>
<b>3a</b> 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.) . . . . .	<b>3a</b>	<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>	<b>X</b>
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	<b>3c</b>	<b>X</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	<b>4a</b>	<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6  A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	977,067	1,419,515	1,502,864	1,353,014	5,252,460
<b>16</b> Membership fees received . . . . .	400	2,385	6,310	4,663	13,758
<b>17</b> 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 . . . . .					
<b>18</b> 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 . . . . .	3,241	2,362	3,792	7,360	16,755
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22 . . . . .	980,708	1,424,262	1,512,966	1,365,037	5,282,973
<b>24</b> Line 23 minus line 17 . . . . .	980,708	1,424,262	1,512,966	1,365,037	5,282,973
<b>25</b> Enter 1% of line 23 . . . . .	9,807	14,243	15,130	13,650	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26a</b> 105,659
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . ▶					<b>26b</b> 1,045,608
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b> 5,282,973
d Add. Amounts from column (e) for lines: 18 <u>16,755</u> 19 _____ 22 <u>26b, 045,608</u> . . . . . ▶					<b>26d</b> 1,062,363
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b> 4,220,610
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> 79.89%
<b>27 Organizations described on line 12:</b> 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:  (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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:  (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b>
d Add: Line 27a total . . . . . and line 27b total . . . . . ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b>
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) . . . . . ▶					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

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

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

**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	5,779
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	17,338
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	23,117
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	939,241
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	962,358
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table-		
	<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40. . . . .		
	Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	169,354
	Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	42,339
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .	169,354	202,072	231,305	221,137	823,868
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					1,235,802
<b>47</b> Total lobbying expenditures . . . . .	23,117	13,452	34,905	28,628	100,102
<b>48</b> Grassroots nontaxable amount . . . . .	42,339	50,518	57,826	55,284	205,967
<b>49</b> Grassroots ceiling amount (150% of line 48(e)). . . . .					308,951
<b>50</b> Grassroots lobbying expenditures . . . . .	5,779	3,363	18,241	16,759	44,142

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

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> 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.

NA4



Name as shown on Return

OK INSTITUTE FOR CHILD ADVOCACY

Employer Identification number

73-1192768

**FORM 990, LINE 22 - GRANTS AND ALLOCATIONS**

<b>Description</b>	<b>Amount</b>
NORTHEAST OKLAHOMA COMMUNITY HEALTH CENTERS HULBERT, OK	\$ 31,324
VARIETY HEALTH CENTER OKLAHOMA CITY, OK	38,465
<b>Total:</b>	<b>\$ 69,789</b>

**FORM 990, LINE 9A-SPECIAL EVENTS REVENUE**

<b>Description</b>	<b>Amount</b>
CHILDRENS INFORMATION NETWORK	\$ 3,065
FRIENDS OF CHILDREN	23,980
FALL FORUM	44,648
SPECIAL SERVICES - OK PARTNERSHIP FOR SCHOOL READINESS	9,500
<b>Total:</b>	<b>\$ 81,193</b>

**FORM 990, LINE 9B-SPECIAL EVENTS DIRECT EXPENSES**

<b>Description</b>	<b>Amount</b>
CHILDRENS INFORMATION NETWORK	\$ 3,065
FRIENDS OF CHILDREN	19,790
FALL FORUM	16,454
SPECIAL SERVICES - OK PARTNERSHIP FOR SCHOOL READINESS	9,500
<b>Total:</b>	<b>\$ 48,809</b>

**FORM 990, LINE 101 - SPECIAL EVENTS**

<b>Description</b>	<b>Amount</b>
EXCLUSION CODE 12	\$ 4,190
EXCLUSION CODE 7	28,194
<b>Total:</b>	<b>\$ 32,384</b>

Name as shown on Return

OK INSTITUTE FOR CHILD ADVOCACY

Employer Identification number

73-1192768

**FORM 990 PART III, LINE 3 - OTHER PROGRAM SERVICES**

<b>Description</b>	<b>Amount</b>
OKLAHOMA FIT KIDS COALITION - PUBLIC AWARENESS EDUCATION AND LEGISLATIVE ADVOCACY REGARDING CHILDHOOD OBESITY	\$ 50,288
HISPANIC LEAD POSINONING PREVENTION - OUTREACH & EDUC. FOR FAMILIES TO LESSEN EXPOSURE TO LEAD	80,817
HEALTHY MOTHERS HEALTHY BABIES - PUBLIC AWARENESS AND EDUCATION, ADVOCACY ON HEALTH ISSUES, PROF. EDUCATION	46,363
CHILD HEALTH SUPPORT	8,163
OKLAHOMA FIT KIDS COALITION - PUBLIC AWARENESS EDUCATION AND LEGISLATIVE ADVOCACY REGARDING CHILDHOOD OBESITY	115,410
TEEN OUTREACH PROGRAM AND YOUTH ASSET SURVEY - OUTREACH TO AT-RISK TEENS THROUGH SCHOOL-BASED PROGRAMS AND TEEN INTERVIEWS AND RESEARCH	87,269
HEALTHY COMMUNITIES HEALTHY YOUTH - STATEWIDE ASSET-BUILDING TRAINING NETWORK, COMMUNITY MOBILIZATION, AND TRAINING AND IDEA SHARING	37,235
HEALTHY TEENS OK - STATE TEEN PREGNANCY PREVENTION WORK THE STATE COALITION AND STATE/NATIONAL PARTNER ORGANIZATIONS	10,130
REFUGEE YOUTH PROGRAM - OUTREACH AND SUPPORT TO HELP YOUTH ASSIMILATE INTO SCHOOL AND COMMUNITY, YOUTH LEADERSHIP DEVELOPMENT	61,256
OKLAHOMA AFTERSCHOOL NETWORK - STATEWIDE NETWORK, PROGRAM AND RESOURCE DEVELOPMENT, TRAINING AND TECHNICAL ASSISTANCE, AND LINKAGE WITH NATIONAL ORGANIZATIONS	2,711
BETTER BABY CARE CAMPAIGN - PLANNING PUBLIC POLICY FOR INFANTS AND TODDLERS	2,410
OK PARTNERSHIP FOR SCHOOL READINESS - PLANNING AND STAFF SUPPORT FOR PARTNERSHIP TO ENSURE SCHOOL READINESS	15,503
<b>Total:</b>	<b>\$ 517,555</b>

## Statement Summary

**2005**

Form 990 - Part V

List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return	Identifying Number			
OK INSTITUTE FOR CHILD ADVOCACY	73-1192768			
(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
ANNE ROBERTS 420 NW 13TH ST 101 OKC OK	EXEC DIRECTOR 40	64,876	1,946	0
RONALD J ROCKE 5400 N GRAND 252 OKC OK 73112	VP DEVELOPMNT 0	0	0	0
KIMBERLY FRANCISCO 4801 CLASSEN BLVD 212 OKC OK	PRESIDENT 0	0	0	0
JAY KEEL PO BOX 1548 ADA OK 74820	BOARD MEMBER 0	0	0	0
CAROLINE LINEHAN 7103 NICHOLS RD OKC OK 73120	VP DEVELOPMNT 0	0	0	0
DEAN STRINGER 325 NW 17TH ST OKC OK 73103	PRES ELECT 0	0	0	0
ANNE CALVERT PO BOX 401 OKC OK 73101	SEC/TREAS 0	0	0	0
BILL DOENGES 5815 S INDIANAPOLIS TULSA OK	BOARD MEMBER 0	0	0	0
DOUG FOX 100 N UNIVERSITY DR EDMOND OK	BOARD MEMBER 0	0	0	0
LISA BARROWMAN 1604 BRIGHTON OKC OK 73120	BOARD MEMBER 0	0	0	0
LINDA DZIALO PHD 320 RIDGEVIEW WAY LAWTON OK	VP DIRECTOR 0	0	0	0
TERRY D HARRYMAN 300 JOHNNY BENCH DR OKC OK	BOARD MEMBER 0	0	0	0
ED LEGAKO, MD 3201 W GORE STE 100 LAWTON OK	BOARD MEMBER 0	0	0	0
LYN HESTER 3366 NW EXPRSWY OKC OK 73112	BOARD MEMBER 0	0	0	0
BOB MCCORMICK 1309 WESTWOOD STILLWATER OK	BOARD MEMBER 0	0	0	0
PEGGY MCCORMICK 1309 WESTWOOD STILLWATER OK	BOARD MEMBER 0	0	0	0
D KENT MEYERS 20 N BROADWAY 1800 OKC OK	BOARD MEMBER 0	0	0	0
DIANNE JUHNKE 2615 E RANDOLPH ENID OK 73701	BOARD MEMBER 0	0	0	0
ROGER SHELDON MD PO BOX 26307 OKC OK 73126	BOARD MEMBER 0	0	0	0
KEN YOUNG 201 NE 50TH OKC OK 73105	BOARD MEMBER 0	0	0	0
JAMES ROACH 1212 W CEDAR DUNCAN OK	BOARD MEMBER 0	0	0	0
BEN ROBINSON PO BOX X MUSKOGEE OK	BOARD MEMBER 0	0	0	0
THAD SATTERFIELD 510 S JOHNSTONE BARTLESVILLE	BOARD MEMBER 0	0	0	0
CINDY SHUBERG 517 NW 42ND ST OKLAHOMA CITY	BOARD MEMBER 0	0	0	0
VIONETTE TORRES-MILES 6300 N CLASSEN OKLAHOMA CITY	BOARD MEMBER 0	0	0	0

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.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Row 1: OK INSTITUTE FOR CHILD ADVOCACY, 73-1192768. Address: 420 NW 13TH STREET, OKLAHOMA CITY, OK 73103-3735.

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

- Form 990 (checked), Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

The books are in the care of ANNE ROBERTS

Telephone No. 405-236-5437 FAX No.

- 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)
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

I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 08-15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
calendar year 2005 or
tax year beginning , 20 , and ending , 20 .

If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

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

For Paperwork Reduction Act Notice, see instruction