Form **990**

Department of the Treasury
Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , 2006, 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: OK INSTITUTE FOR CHILD ADVOCACY
Number and street (or P O box if mail is not delivered to street address): 420 NW 13TH STREET
Room/suite:
City or town, state or country, and ZIP + 4: OKLAHOMA CITY OK 73103-3735

D Employer identification number: 73-1192768
E Telephone number: (405)236-5437
F Accounting method: ☐ Cash ☒ Accrual ☐ 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 ▶
H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No
I Group Exemption Number ▶
M Check ▶ ☐ if the organization is **not** required to attach 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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,242,783

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

Revenue	1		Contributions, gifts, grants, and similar amounts received:					
		a	Contributions to donor advised funds		1a			
		b	Direct public support (not included on line 1a)		1b	572,691		
		c	Indirect public support (not included on line 1a)		1c	2,338		
		d	Government contributions (grants) (not included on line 1a)		1d	539,491		
		e	**Total** (add lines 1a through 1d) (cash $ 1,114,520 noncash $)				1e	1,114,520
	2		Program service revenue including government fees and contracts (from Part VII, line 93)				2	
	3		Membership dues and assessments				3	
	4		Interest on savings and temporary cash investments				4	13,748
	5		Dividends and interest from securities				5	
	6a		Gross rents		6a			
		b	Less: rental expenses		6b			
		c	Net rental income or (loss). Subtract line 6b from line 6a				6c	
	7		Other investment income (describe ▶)				7	
				(A) Securities		(B) Other		
	8a		Gross amount from sales of assets other than inventory		8a			
		b	Less: cost or other basis and sales expenses		8b			
		c	Gain or (loss) (attach schedule)		8c			
		d	Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	
	9		Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			STM101		
		a	Gross revenue (not including $ of contributions reported on line 1b)		9a	114,515		
		b	Less: direct expenses other than fundraising expenses		9b	61,772		
		c	Net income or (loss) from special events. Subtract line 9b from line 9a				9c	52,743
	10a		Gross sales of inventory, less returns and allowances		10a			
		b	Less: cost of goods sold		10b			
		c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c	
	11		Other revenue (from Part VII, line 103)				11	
	12		**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	1,181,011
Expenses	13		Program services (from line 44, column (B))				13	1,109,480
	14		Management and general (from line 44, column (C))				14	87,827
	15		Fundraising (from line 44, column (D))				15	28,891
	16		Payments to affiliates (attach schedule)				16	
	17		**Total expenses.** Add lines 16 and 44, column (A)				17	1,226,198
Net Assets	18		Excess or (deficit) for the year. Subtract line 17 from line 12				18	(45,187)
	19		Net assets or fund balances at beginning of year (from line 73, column (A))				19	458,254
	20		Other changes in net assets or fund balances (attach explanation)				20	
	21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21	413,067

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. EEA Form **990** (2006)

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 a Grants paid from donor advised funds (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22 b Other grants and allocations (attach schedule) (cash $ 46,922 noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b	46,922	46,922		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	68,640	61,838	3,432	3,370
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	543,028	509,039	20,489	13,500
27 Pension plan contributions not included on lines 25a, b, and c	27	16,604	15,450	749	405
28 Employee benefits not included on lines 25a - 27	28	61,071	57,996	3,075	
29 Payroll taxes	29	45,744	43,114	1,616	1,014
30 Professional fundraising fees	30				
31 Accounting fees	31	7,452	6,152	1,300	
32 Legal fees	32				
33 Supplies	33	18,825	16,263	2,257	305
34 Telephone	34	18,305	16,194	1,922	189
35 Postage and shipping	35	7,532	5,342	1,979	211
36 Occupancy	36	33,744	32,644	200	900
37 Equipment rental and maintenance	37	12,934	10,053	2,490	391
38 Printing and publications	38	24,352	23,446	276	630
39 Travel	39	60,471	58,928	1,350	193
40 Conferences, conventions, and meetings	40	33,604	24,666	8,938	
41 Interest	41	556		556	
42 Depreciation, depletion, etc. (attach schedule)	42	21,874		21,874	
43 Other expenses not covered above (itemize):					
a OTHER	43a	146,108	131,374	7,676	7,058
b INSURANCE	43b	2,705		2,705	
c CONSULTANTS	43c	27,452	25,775	1,527	150
d DUES & MEMBERSHIPS	43d	3,369	1,000	2,369	
e MARKETING/COMMUNICATIONS	43e	23,859	23,284		575
f SUBSCRIPTIONS	43f	1,047		1,047	
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,226,198	1,109,480	87,827	28,891

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	See SERVICES	
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	151,193
b	See SERVICES	
	(Grants and allocations $ 46,922) If this amount includes foreign grants, check here ▶ ☐	63,751
c	See SERVICES	
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	59,699
d	See SERVICES	
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	70,627
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	764,210
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	1,109,480

Part IV Balance Sheets (See the instructions.)

		Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			126	45	249
	46	Savings and temporary cash investments			379,042	46	344,214
	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			56,480	49	57,219
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51 a	Other notes and loans receivable (attach schedule)	51a	60			
	b	Less: allowance for doubtful accounts	51b			51c	60
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	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	117,897			
	b	Less: accumulated depreciation (attach schedule) STM116	57b	75,317	33,414	57c	42,580
	58	Other assets, including program-related investments (describe ▶ STM117)			782	58	782
	59	**Total assets** (must equal line 74). Add lines 45 through 58			469,844	59	445,104
Liabilities	60	Accounts payable and accrued expenses			10,765	60	30,437
	61	Grants payable				61	
	62	Deferred revenue			825	62	1,600
	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 ▶)				65	
	66	**Total liabilities.** Add lines 60 through 65			11,590	66	32,037
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			168,224	67	174,830
	68	Temporarily restricted			290,030	68	238,237
	69	Permanently restricted			0	69	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			458,254	73	413,067
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			469,844	74	445,104

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

(See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	1,242,784
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): Statement # 96	b4	61,773		
	Add lines **b1** through **b4**			b	61,773
c	Subtract line **b** from line **a**			c	1,181,011
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	1,181,011

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

a	Total expenses and losses per audited financial statements			a	1,287,971
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): Statement # 97	b4	61,773		
	Add lines **b1** through **b4**			b	61,773
c	Subtract line **b** from line **a**			c	1,226,198
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	1,226,198

Part V-A Current Officers, Directors, Trustees, and Key Employees

(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See 990 OFOV				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 23			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ____________ and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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?			82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	23,500			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			84b	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 a	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			88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶			88b		X
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 ▶					
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?			89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			89g		X
90 a	List the states with which a copy of this return is filed ▶ OK					
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	18			

91 a The books are in care of ▶ % ANNE ROBERTS Telephone no. ▶ 405-236-5437

Located at ▶ 420 NW 13TH ST 101 OKLAHOMA CITY OK ZIP + 4 ▶ 73103

			Yes	No
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.			

Part VI Other Information (continued)

			Yes	No
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 ▶ ☐ 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 & temporary cash investments					13,748
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			07	52,743	
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))				52,743	13,748
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					66,491

Note: Line 105 plus line 1e, 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).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

▶ Anne M Roberts

Signature of officer | Date

▶ Anne M. Roberts, Executive Director 10/30/07

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Donna L. McGriff CPA

Date 10-23-2007

Check if self-employed ▶ ☐

Preparer's SSN or PTIN (See Gen Inst X) P00342606

Firm's name (or yours if self-employed) address, and ZIP + 4 ▶
DONNA L MCGRIFF CPA INC PC
203 N 5TH STREET
WILLS POINT, TX 75169

EIN ▶ 73-1506943

Phone no ▶ 903-873-3302

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information --(See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization: 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 2 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 348 ST CLAIR DR NORMAN OK 73072	PROJECT DIR. 40	60,323	1,810	0

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
NONE		

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

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

EEA

OK INSTITUTE FOR CHILD ADVOCACY 73-1192768

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ 51,128 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that descibes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,021,042	977,067	1,419,515	1,502,864	4,920,488
16	Membership fees received		400	2,385	6,310	9,095
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,414	3,241	2,362	3,792	19,809
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	1,031,456	980,708	1,424,262	1,512,966	4,949,392
24	Line 23 minus line 17	1,031,456	980,708	1,424,262	1,512,966	4,949,392
25	Enter 1% of line 23	10,315	9,807	14,243	15,130	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 98,988

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 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 1,471,318

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 4,949,392

d Add: Amounts from column (e) for lines: 18 19,809 19 0

22 0 26b 1,471,318 ▶ **26d** 1,491,127

e Public support (line 26c minus line 26d total) ▶ **26e** 3,458,265

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 69.87%

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:

(2005) ______ (2004) ______ (2003) ______ (2002) ______

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 11b, 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:

(2005) ______ (2004) ______ (2003) ______ (2002) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______

17 ______ 20 ______ 21 ______ ▶ **27c** ______

d Add: Line 27a total ______ and line 27b total ______ ▶ **27d** ______

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

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** 0

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

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

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

				Yes	No
29		Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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.)			
32		Does the organization maintain the following:			
	a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
	d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
		If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33		Does the organization discriminate by race in any way with respect to:			
	a	Students' rights or privileges?	33a		
	b	Admissions policies?	33b		
	c	Employment of faculty or administrative staff?	33c		
	d	Scholarships or other financial assistance?	33d		
	e	Educational policies?	33e		
	f	Use of facilities?	33f		
	g	Athletic programs?	33g		
	h	Other extracurricular activities?	33h		
		If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a		Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	b	Has the organization's right to such aid ever been revoked or suspended?	34b		
		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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		12,782
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		38,346
38	Total lobbying expenditures (add lines 36 and 37)	38		51,128
39	Other exempt purpose expenditures	39		1,175,070
40	Total exempt purpose expenditures (add lines 38 and 39)	40		1,226,198
41	Lobbying nontaxable amount. Enter the amount from the following table-	41		197,620
42	Grassroots nontaxable amount (enter 25% of line 41)	42		49,405
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0	0

If the amount on line 40 is-	The lobbying nontaxable amount is-
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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 13 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount	197,620	169,354	202,072	231,305	800,351
46	Lobbying ceiling amount (150% of line 45(e))					1,200,527
47	Total lobbying expenditures	51,128	23,117	13,452	34,905	122,602
48	Grassroots nontaxable amount	49,405	42,339	50,518	57,826	200,088
49	Grassroots ceiling amount (150% of line 48(e))					300,132
50	Grassroots lobbying expenditures	12,782	5,779	3,363	18,241	40,165

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

	During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c	Media advertisements			0
d	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines **c** through **h.**)			0

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

M7

Form 990_OfOv (2006) OK INSTITUTE FOR CHILD ADVOCACY 73-1192768 Page01

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

(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 deferred compensation	(e) Expense account, other allowances
ANNE ROBERTS 420 NW 13TH STREET OKLAHOMA CITY OK 73103	EXEC DIRECTOR 40	68,640	2,059	0
DEAN STRINGER 325 NW 17TH STREET OKLAHOMA CITY OK 73103	PRESIDENT	0	0	0
TERRY D HARRYMAN 300 JOHNNY BENCH DRI OKLAHOMA CITY OK 73104	PRESIDENT ELE	0	0	0
BEN H ROBINSON 431 WEST BROADWAY MUSKOGEE OK 74401	VP PUBLIC POL	0	0	0
CAROLINE LINEHAN 7103 NICHOLS ROAD OKLAHOMA CITY OK 73120	VP DEVELOPMEN	0	0	0
RONALD J ROCKE 2919 UNITED FOUNDERS OKLAHOMA CITY OK 73112	VP DEVELOPMEN	0	0	0
ANNE CALVERT PO BOX 401 OKLAHOMA CITY OK 73101	VP DIRECTOR	0	0	0
CINDY SHUBERG 517 NW 42ND STREET OKLAHOMA CITY OK 73118	SECR/ TREASUR	0	0	0
VEDA J BUSH 1931 CAROLINA CHICKASHA OK 73018	BOARD MEMBER	0	0	0
BILL DOENGES 5815 SOUTH INDIANAPO TULSA OK 74135	BOARD MEMBER	0	0	0
DOUG FOX 100 NORTH UNIVERSITY TULSA OK 74104	BOARD MEMBER	0	0	0
KIMBERLY FRANCISCO 4801 CLASSEN BLVD ST OKLAHOMA CITY OK 73118	BOARD MEMBER	0	0	0
BARBARA GISH 1104 FRANCES STILLWATER OK 74075	BOARD MEMBER	0	0	0
LYN HESTER 3366 NW EXPRESSWAY S OKLAHOMA CITY OK 73112	BOARD MEMBER	0	0	0
DIANNE JUHNKE 2615 EAST RANDOLPH ENID OK 73701	BOARD MEMBER	0	0	0
JAY KEEL 231 SEABROOK ROAD ADA OK 74820	BOARD MEMBER	0	0	0
DR ED LEGAKO 3201 WEST GORE STE 1 LAWTON OK 73505	BOARD MEMBER	0	0	0
D KENT MEYERS 20 NORTH BROADWAY, 1 OKLAHOMA CITY OK 73102	BOARD MEMBER	0	0	0
THAD SATTERFIELD 501 S JOHNSTONE STE BARTLESVILLE OK 74003	BOARD MEMBER	0	0	0
ROGER SHELDON MD 2008 CAMBRIDGE WAY EDMOND OK 73017	BOARD MEMBER	0	0	0
VIONETTE TORRES-MILES 6300 N CLASSEN BLVD OKLAHOMA CITY OK 73118	BOARD MEMBER	0	0	0
LINDA VEAZEY 123 ROBERT S KERR OKLAHOMA CITY OK 73102	BOARD MEMBER	0	0	0
KEN YOUNG 201 NE 50TH OKLAHOMA CITY OK 73105	BOARD MEMBER	0	0	0
JAMES D ROACH 1212 W CEDAR DUNCAN OK 73536	BOARD MEMBER	0	0	0

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

OK INSTITUTE FOR CHILD ADVOCACY

Your Social Security Number

73-1192768

FORM 990, SCH FOR PART IV-A, LINE B4

OTHER REVENUES INCLUDED SCHEDULE

Statement #96

Description	Amount
SPECIAL EVENTS DIRECT EXPENSES	61,773
TOTAL	61,773

	Federal Supporting Statements	**2006** PG 01
Name(s) as shown on return OK INSTITUTE FOR CHILD ADVOCACY		Your Social Security Number 73-1192768

FORM 990, SCH FOR PART IV-B, LINE B4
OTHER EXPENSES INCLUDED SCHEDULE

Statement #97

Description	Amount
SPECIAL EVENTS DIRECT EXPENSES	61,773
TOTAL	61,773

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

OK INSTITUTE FOR CHILD ADVOCACY

Your Social Security Number

73-1192768

FORM 990, PART I, LINE 9 SPECIAL EVENTS SCHEDULE

Statement #101

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
CHILDRENS INFORMATION NETWORK	4,725		4,725	4,725	
FRIENDS OF CHILDREN	21,030		21,030	16,409	4,621
FALL FORUM	70,260		70,260	22,138	48,122
SPECIAL SERVICES - OK PARTN	18,500		18,500	18,500	
TOTAL	114,515		114,515	61,772	52,743

990 **Overflow Statement** **2006**

Page 1

Name(s) as shown on return	FEIN
OK INSTITUTE FOR CHILD ADVOCACY	73-1192768

FORM 990, LINE 22 - GRANTS AND ALLOCATIONS

Form 990

Description	Amount
NORTHEAST OKLAHOMA COMMUNITY HEALTH CENTERS	$
HULBERT, OK	27,802
VARIETY HEALTH CENTER	
OKLAHOMA CITY, OK	19,120
Total:	$ 46,922

Asset Depreciation Short Report - Sorted by - ASSET A/C#

Company: OK INSTITUTE FOR CHILD ADVOCACY
Method: 1 - BOOK Std Conv Applied
Range: 1510 - COMPUTERS - 1560 - SOFTWARE

Year End: 12/31/06
File: H:\AKDATA\2006\OK CHILD ADV
Include: All assets

Page: 1 4/2/07
Date: 02/28/07
Time: 10:40:26

Date Acq	Description	Meth/Life	Cost	Sec. 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1510 - COMPUTERS								
09/30/97 D	COMPUTER EQUIPMENT	SL/ 5 00	3,895 00	0 00	3,895.00	3,895 00	0 00	3,895 00
10/06/97 D	COMPUTER EQUIPMENT	SL/ 5 00	2,337.00	0 00	2,337.00	2,337 00	0 00	2,337.00
12/15/98 D	COMPUTER EQUIPMENT	SL/ 5 00	5,912.12	0 00	5,912.12	5,912.12	0.00	5,912.12
12/15/98 D	COMPUTER EQUIPMENT - HEART	SL/ 5 00	5,248 00	0.00	5,248.00	5,248.00	0 00	5,248.00
09/28/99	COMPAQ M11 366	SL/ 5 00	952 00	0.00	952.00	952.00	0 00	952 00
11/28/99	HP SCANJET	SL/ 5 00	228 00	0.00	228.00	205.20	22.80	228 00
04/26/00	COMPUTER - SUCCESS BY SIX	SL/ 4.00	3,713 00	0 00	3,713 00	3,713.00	0 00	3,713 00
04/26/00	COMPUTER	SL/ 4.00	1,371.00	0.00	1,371.00	1,371.00	0.00	1,371.00
08/13/01	COMPUTER EQUIPMENT	SL/ 5 00	1,319 31	0 00	1,319.31	1,143.44	131.93	1,275 37
03/31/02	COMPUTER	SL/ 5.00	1,597.58	0 00	1,597 58	1,118.32	319.52	1,437.84
06/11/02	COMPUTERS AND MONITOR	SL/ 5.00	3,247.83	0.00	3,247 83	2,273.49	649.57	2,923.06
10/14/02	COMPUTER AND SOFTWARE	SL/ 5 00	1,564.54	0.00	1,564.54	1,095.18	312.91	1,408.09
01/01/03	Gateway 700 with 17" monitor and NA	SL/ 3 00	1,535.00	0.00	1,535.00	1,279.17	255.83	1,535.00
04/15/03	Gateway E6000 with monitor	SL/ 3 00	1,725.00	0.00	1,725.00	1,437 50	287 50	1,725 00
04/15/03	Gateway E6000 without monitor	SL/ 3 00	1,575 00	0 00	1,575.00	1,312 50	262 50	1,575 00
06/09/03 D	Gateway E6000 with monitor (HEART)	SL/ 3.00	2,275 35	0.00	2,275.35	1,896.13	0.00	1,896.13
01/26/04	Gateway E6100	SL/ 3.00	1,964 56	0 00	1,964 56	982.28	654.85	1,637.13
12/21/04	Dell Optilex Computer and Accessori	SL/ 3.00	1,842 63	0.00	1,842.63	921.32	614 21	1,535.53
01/12/05	Dell SC420 Server	SL/ 3.00	2,046.84	0 00	2,046.84	341.14	682 28	1,023.42
02/01/05	Rebuilt Computers (3)	SL/ 3.00	1,128.77	0 00	1,128.77	188 13	376 25	564 38
02/01/05 D	Rebuilt Computers (2)	SL/ 3 00	752.51	0.00	752.51	125.42	0.00	125.42
07/10/05	Dell Optilex, monitors, accessories	SL/ 3 00	2,211 41	0.00	2,211.41	368.57	737.14	1,105.71
12/15/05	Dell Latitude D510 (2), Dell OptiPl	SL/ 3 00	8,597 92	0 00	8,597.92	1,432 99	2,865 97	4,298.96
02/13/06 A	Dell Optplex GX520 and monitor	SL/ 3.00	1,572.25	0.00	1,572 25	0 00	262 04	262.04
03/23/06 A	Backup System	SL/ 3 00	1,677.91	0.00	1,677 91	0 00	279 65	279 65
[illegible]6 A	Dell Latitude D810	SL/ 3 00	2,946 60	0.00	2,946.60	0 00	491.10	491.10
0[illegible]/06 A	Dell Optiplex 210L	SL/ 3 00	1,827.24	0 00	1,827 24	0.00	304.54	304.54
09/25/06 A	Phone/Server Backup System	SL/ 3 00	1,302.31	0 00	1,302.31	0.00	217.05	217.05
09/29/06 A	Dell OptiPlex 210L and Monitor	SL/ 3.00	3,654.47	0 00	3,654.47	0.00	609 08	609.08
Grand totals: 1510 - COMPUTERS (29 assets)			70,021.15	0 00	70,021.15	39,548.90	10,336.72	49,885.62
Less: 6 Disposed assets (Current Depreciation: $0.00)			20,419.98	0.00	20,419.98	19,413.67		19,413.67
Net totals: 1510 - COMPUTERS (23 assets)			49,601.17	0 00	49,601 17	20,135.23	10,336 72	30,471.95
ASSET A/C#: 1520 - OFFICE EQUIPMENT								
10/01/90	TELEPHONE	SL/ 5.00	2,940.00	0 00	2,940 00	2,940 00	0 00	2,940.00
10/01/90	OFFICE EQUIPMENT	SL/ 5.00	85.00	0.00	85.00	85.00	0.00	85.00
11/01/90	TV & VCR	SL/ 5.00	375 00	0 00	375 00	375.00	0 00	375.00
05/01/93	OVERHEAD PROJECTOR	SL/ 5.00	483.00	0 00	483 00	483.00	0 00	483.00
05/22/97 D	COMPUTER	SL/ 5.00	3,197.00	0 00	3,197.00	3,197.00	0.00	3,197 00
10/12/98 D	OFFICE EQUIPMENT - HEART	SL/ 5 00	345.00	0.00	345.00	345.00	0.00	345.00
05/19/99	EQUIPMENT	SL/ 5 00	580.00	0 00	580.00	580.00	0 00	580.00
12/19/00	PHONE SYSTEM	SL/ 7 00	6,000.41	0.00	6,000.41	4,934 94	857 20	5,792.14
06/28/01	FAX MACHINE	SL/ 5.00	150 01	0 00	150.01	130.00	15.00	145.00
05/20/02	TELEPHONE SET	SL/ 5 00	120.49	0 00	120 49	84.35	24.10	108.45
08/07/06 A	Phone System (20 phones)	SL/ 3.00	14,086 58	0 00	14,086 58	0 00	2,347.76	2,347.76
09/29/06 A	Dell 3400MP Projector, Monitor, and	SL/ 3 00	3,920.28	0 00	3,920.28	0 00	653 38	653.38
Grand totals: 1520 - OFFICE EQUIPMENT (12 assets)			32,282.77	0.00	32,282.77	13,154.29	3,897 44	17,051.73
Less: 2 Disposed assets (Current Depreciation: $0.00)			3,542.00	0 00	3,542 00	3,542.00		3,542 00
Net totals: 1520 - OFFICE EQUIPMENT (10 assets)			28,740.77	0.00	28,740.77	9,612.29	3,897 44	13,509.73
ASSET A/C#: 1550 - FURNITURE AND FIXTURES								
11/01/89	FURNITURE	SL/ 5 00	370 00	0 00	370.00	370 00	0.00	370.00
09/15/97 D	FURNITURE	SL/ 5.00	1,813.00	0 00	1,813.00	1,813.00	0.00	1,813.00
09/30/97	FURNITURE AND FIXTURES	SL/ 7.00	434 00	0 00	434 00	434.00	0 00	434.00
0[illegible]9	FURNITURE	SL/ 5 00	1,040 00	0 00	1,040.00	1,040.00	0 00	1,040.00
04[illegible]/99	FURNITURE	SL/ 5.00	884.80	0 00	884.80	884.80	0 00	884.80
07/01/05	Desk, Chairs (2), Table	SL/ 5.00	300 00	0.00	300.00	30.00	60.00	90 00

F05.1

Asset Depreciation Short Report - Sorted by ASSET A/C#

Company: OK INSTITUTE FOR CHILD ADVOCACY Year End: 12/31/06 Method: 1 - BOOK Date: 02/28/07

Date Acq	Description	Meth/Life	Cost	Sec. 179	Depr Basis	Includes Section 179 Beg A/Depr	Curr Depr	End A/Depr
C totals: 1550 - FURNITURE AND FIXTURES (6 assets)			4,841 80	0 00	4,841 80	4,571 80	60 00	4,631.80
Less: 1 Disposed assets (Current Depreciation: $0.00)			1,813 00	0 00	1,813 00	1,813 00		1,813.00
Net totals: 1550 - FURNITURE AND FIXTURES (5 assets)			3,028 80	0 00	3,028.80	2,758 80	60 00	2,818.80
ASSET A/C#: 1560 - SOFTWARE								
01/01/02	ACCOUNTING SOFTWARE AND UPGRADE	SL/ 4 00	21,212 31	0 00	21,212 31	18,560.78	2,651 53	21,212.31
01/12/05	Raisers Edge Software	SL/ 3 00	8,226 00	0 00	8,226 00	1,371.00	2,742 00	4,113.00
07/25/05	Raisers Edge Software Upgrade	SL/ 3.00	6,030 00	0 00	6,030 00	1,005.00	2,010.00	3,015.00
07/26/06 A	Raisers Edge-online payment module	SL/ 3 00	1,057.71	0 00	1,057.71	0 00	176 29	176.29
Grand totals: 1560 - SOFTWARE (4 assets)			36,526.02	0 00	36,526 02	20,936.78	7,579.82	28,516.60
Grand totals for all accounts: (51 assets)			143,671 74	0 00	143,671.74	78,211.77	21,873 98	100,085.75
Less: 9 Disposed assets (Current Depreciation: $0.00)			25,774 98	0 00	25,774 98	24,768.67		24,768.67
Net totals for all accounts: (42 assets)			117,896 76	0 00	117,896 76	53,443.10	21,873 98	75,317.08

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics for Assets:

	Cost	Salvage Value	Salvage Value	Depreciable Basis	Beginning Accum. Depr.	Current Depreciation	Ending Accum. Depr.	Net Book Value
Grand Totals for all assets	143,671 74	0 00	0 00	143,671 74	78,211.77	21,873.98	100,085.75	43,585.99
Less: Inactive Assets	0 00	0.00	0.00	0 00	0.00	0.00	0.00	0.00
Disposed Assets	25,774 98	0.00	0 00	25,774.98	24,768.67	0.00	24,768.67	1,006.31
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0.00
Net Totals (Active Assets)	117,896.76	0 00	0 00	117,896 76	53,443 10	21,873.98	75,317 08	42,579.68